

The City of Empire

\_\_\_\_\_  
Permit No.

MINERAL EXTRACTION PERMIT

RENEWAL APPLICATION

Applicant - Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

IUP Originally Approved: \_\_\_\_\_  
Current Year for Renewal: \_\_\_\_\_

Current Phase of Operation: \_\_\_\_\_  
Estimated Annual Extraction Quantity: \_\_\_\_\_

Identify any Amendments to IUP: \_\_\_\_\_

Annual Fee Paid: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Owner Signature (If different from applicant): \_\_\_\_\_

City of Empire Authorization / Approval:

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_