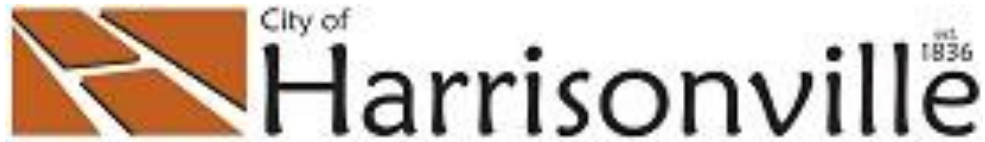


Contractor App. #: _____ Date Received: _____ City Permit #: _____



300 E. Pearl Street, P.O. Box 367 • Tel: 816-380-8900 • Fax: 816-380-8906 • Harrisonville, MO 64701

Right-of-Way/ Excavation Permit Application
Harrisonville Public Works Tel: 816-380-8964

For Applicant Use • Please Print • (Permit application process may take up to 10 business days.)

SECTION 1: APPLICANT/PERMITEE

Applicant _____ Office # _____
Contact Name _____ Cell/Emergency # _____
Address _____ Email _____
City/ State/ Zip _____ Business License # _____

SECTION 2: CONTRACTOR/ PERFORMING THE WORK

Contractor _____ Office # _____
Contact Name _____ Cell/Emergency # _____
Address _____ Email _____
City/ State/ Zip _____ Business License # _____

SECTION 3: OWNER OF FACILITIES/ UTILITY COMPANY

Owner _____ Office # _____
Contact Name _____ Cell/Emergency # _____
Address _____ Email _____
City/ State/ Zip _____ Business License# _____

SECTION 4: SUB-CONTRACTORS/ IF APPLICABLE

Contractor _____ Office # _____
Contact Name _____ Cell/Emergency # _____
Address _____ Email _____
City/ State/ Zip _____ Business License# _____

*Attach Additional As Required

SECTION 5: TRAFFIC CONTROL/ IF APPLICABLE

Traffic Contractor _____ Office # _____
Contact Name _____ Cell/Emergency # _____
Address _____ Email _____
City/ State/ Zip _____ Business License# _____

Contractor App. #: _____ Date Received: _____ City Permit #: _____

SECTION 5: TRAFFIC CONTROL/ IF APPLICABLE

Lane Closures Required Not Required

Street Name _____ To _____ From _____

(Check all that apply)

Sidewalk Lane(s) Street Other _____

Street Name _____ To _____ From _____

(Check all that apply)

Sidewalk Lane(s) Street Other _____

Reason for Temporary Traffic Control _____

Start Date _____ End Date _____

Hours Closed _____ Special Terms/Conditions _____

***Attach Traffic Control Plans As Required**

SECTION 6: SCOPE OF WORK/ TYPE OF WORK

Missouri One Ticket # _____

Type of Work _____

Project Location/ Street Address _____

Nearest Intersection _____ Side of Street _____

Limits: To _____ From _____

Type of Facility _____

Purpose of Excavation (Check all that apply)

Repair Replacement Upgrade Remove/ Demo New Install

Other _____

Installation Method (Check all that apply)

Open Cut Bore Other _____

Affected Area (Check all that apply)

Pavement _____ Length (FT) _____ Width (FT)

Curb and Gutter _____ Length (FT) _____ Width (FT)

Sidewalk/ ADA Ramp _____ Length (FT) _____ Width (FT)

Driveway Approach _____ Length (FT) _____ Width (FT)

Unpaved ROW Only Greenspace

Splice pit/ spot holes Service Connection Across street

Start Date _____ Completion Date: _____

***Attach Additional As Required**

Contractor App. #: _____ Date Received: _____ City Permit #: _____

SECTION 7: ATTACHMENTS

Attach construction drawing or engineering plans for permit location, including proposed work and show existing utilities, dimension them from edge of pavement (EOP) or back of curb (BOC). Plan submittal may take up to ten (10) business days, for each submittal, for review and return of comments. City may require submission of additional information which will be subject to processing and review.

Drawings: Attached Not Applicable

Performance and Maintenance (P/M) Bond Attached On File – Date _____

P/M Deposits Received – Date _____ Waived - Reason _____

Certificate of Liability Insurance Attached On File – Date _____

Traffic Control Plans Attached Not Applicable

Material Specifications Attached Not Applicable

SECTION 8: INSPECTIONS

To Schedule Inspections Contact Public Works Codes Administrative Assistant at 816-380-8958, Monday thru Friday, 8:00 am to 5:00 pm. See conditions of permit.

SECTION 9: SPECIAL/ 3RD PARTY INSPECTIONS

SECTION 10A: VALUATION OF WORK

\$ _____

SECTION 10B: FEES DUE

\$40.00 for 1st \$2,000 valuation of work

PLUS \$4.00 per \$1,000 of valuation of work over \$2,000

Valuation Fee \$ _____

Other Fees \$ _____

Total Fee \$ _____

Print Name _____ Signature _____ Date _____

SECTION 11: CONDITIONS OF PERMIT APPLICATION AND APPLICATION APPROVAL

See conditions of approved/issued permit. (180 DAY PERMIT)

Director of Public Works or Building Official

Print Name _____ Signature _____ Date _____