

DATE RECEIVED: _____

PERMIT NUMBER: ROW-_____

RIGHT-OF-WAY EXCAVATION PERMIT

City of Harrisonville, Missouri
300 E. Pearl Street P. O. Box 367
Harrisonville, MO 64701
Phone (816) 380-8958 Fax (816) 380-8906

- CONTRACTOR REPAIR
- CITY REPAIR

SECTION 1 – SCOPE OF WORK (APPLICANT)

PROJECT LOCATION (provide address, street name or intersection): _____

TYPE OF FACILITY: _____

PURPOSE OF EXCAVATION (check all that apply):

- REPAIR EXISTING FACILITY
- UPGRADE EXISTING FACILITY
- INSTALL NEW FACILITY

SCHEDULED START DATE: _____ COMPLETION DATE: _____

TYPE AND ESTIMATED EXTENT OF EXCAVATION (check all that apply):

- PAVEMENT: LENGTH ____ (ft.) WIDTH ____ (ft.)
- CURB & GUTTER LENGTH ____ (ft.)
- SIDEWALK LENGTH ____ (ft.)
- UNPAVED RIGHT-OF-WAY ONLY

LANE CLOSURES: Will this work necessitate a traffic lane closure? YES NO

LANE TO BE CLOSED FROM (date and time): _____ TO (date and time): _____

MISSOURI ONE-CALL TICKET NUMBER: _____

SECTION 2 – ATTACHMENTS (APPLICANT)

- | | | |
|-------------------------------------|-----------------------------------|---|
| MAINTENANCE AND PERFORMANCE BOND: | <input type="checkbox"/> ATTACHED | <input type="checkbox"/> ON FILE |
| CERTIFICATE OF LIABILITY INSURANCE: | <input type="checkbox"/> ATTACHED | <input type="checkbox"/> ON FILE |
| DRAWING: | <input type="checkbox"/> ATTACHED | <input type="checkbox"/> NOT APPLICABLE |
| TRAFFIC CONTROL PLAN: | <input type="checkbox"/> ATTACHED | <input type="checkbox"/> NOT APPLICABLE |

SECTION 3 – CONTRACTOR AND UTILITY INFORMATION (APPLICANT)

CONTRACTOR PERFORMING WORK:	UTILITY AUTHORIZING THE WORK:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ STATE: _____	CITY: _____ STATE: _____
ZIP CODE: _____	ZIP CODE: _____

CONTACT PERSON: _____	CONTACT PERSON: _____
OFFICE TELEPHONE: () _____ - _____	OFFICE TELEPHONE: () _____ - _____
EMERGENCY NO.: () _____ - _____	EMERGENCY NO.: () _____ - _____

NAME (please print): _____

SIGNATURE: _____ TITLE: _____

SECTION 4 – CONDITIONS AND PERMIT APPROVAL (PUBLIC WORKS)

SPECIAL PERMIT CONDITIONS ARE ATTACHED: YES NO

PERMIT APPROVED BY: _____ DATE: _____

ASST. PUBLIC WORKS DIRECTOR

SECTION 5 – ADMINISTRATIVE INFORMATION AND FEES (PUBLIC WORKS)

ADMINISTRATIVE FEE: \$35.00

STREET & SIDEWALK REPAIR FEE: \$10.00 per square foot (not less than \$2000.00):

Per square foot _____ X _____ X \$10.00 = \$ _____

(length) (width) (cost per sq. ft.)

TOTAL PERMIT FEE: \$ _____