



Right of Way/Temporary Traffic Permit

Applicant Details

Company		Contact
Company Name	_____	Web Page Address _____
First Name	_____	Business Phone _____
Middle Name	_____	Home Phone _____
Last Name	_____	Mobile Phone _____
Title	_____	Fax _____
E-mail	_____	Other Phone _____
Contact Preference	Business <input type="checkbox"/> Home <input type="checkbox"/>	Mobile <input type="checkbox"/>
Street Number	_____	Pre Direction _____
Street Name	_____	
Street Type	_____	Unit or Suite _____
Address Line 3	_____	City _____
State	_____	Postal Code _____
Parcel Number	_____	County _____

Permit Details

Permit Type	Right-of-Way <input type="checkbox"/>	Application Date _____
	Temp Traffic Control <input type="checkbox"/>	
Work Class	ROW. TTC <input type="checkbox"/>	Value of Work \$ _____
	ROW TTC w/street cut <input type="checkbox"/>	
Description	_____	

Excavation

MO One-Call Ticket #	_____	Anticipated Date of Completion _____
Date to Begin	_____	

JOB LOCATION

Street Name	_____	From: _____ To: _____
Nearest cross street	_____	
Pit Address	_____	Location _____
Pit Address	_____	Location _____
Pit Address	_____	Location _____
Pit Address	_____	Location _____

Attach a separate page with locations and a map with locations noted if more than four (4) locations

Utility Subcontracting For	_____
Describe Work	_____

EXCAVATION INFORMATION

# of sidewalk cuts	_____	# of pits	_____
# of street cuts	_____	Length of Bore (FT)	_____
# of poles	_____	# of driveway cuts	_____
# of bike-path cuts	_____	# of street crossings	_____

EXCAVATION DIMENSIONS

Length (ft)	_____	Width (ft)	_____	Depth (ft)	_____
-------------	-------	------------	-------	------------	-------

Traffic Control

TC Contractor _____ Attachment "A" Signed and included?

Work Zone Typical Application #: TA-_____ If other attach drawing:

Location/Description _____

Street Name _____ From _____ To: _____

Street Name _____ From _____ To: _____

___ Sidewalk ___ Lane (s) ___ Street ___ Other

Reason for Temporary Traffic Control _____

Start Date _____ End Date _____

Hours Closed _____

Special Terms/Conditions: _____

Notes:

Any questions regarding this form please contact
 City of Blue Springs Public Works, Engineering Division at 816-228-0121

Office Use Only			
Council District	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Permit Fee		\$125.00	100.00000.430110.000
Street Cut Inspection Fee		\$20.00 X _____	100.00000.435200.000
Refundable Escrow for street cuts		\$1,480.00 X _____	100.31000.435200.000
Total			\$125.00
Fees paid			\$ _____
Inspections required:	<u>Pass</u>	<u>Fail</u>	<u>Date</u>
<input type="checkbox"/> Concrete Pour:	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Sidewalk ADA:	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Street Cut Backfill:	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Street Cut Surface & Clean-up Final:	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Bore Pit Backfill:	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Bore Pit Final:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Permit Approved: _____			Permit Expires: _____
	Date		Date
Inspector: _____			Permit #: _____