



CITY OF BELTON
 520 Main Street
 Belton, MO 64012
 (816) 331-4331
 Fax: (816) 331-6973

PERMIT FOR WORK ON CITY RIGHT-OF-WAY, CITY EASEMENT, OR CITY PROPERTY

| TO BE COMPLETED BY CITY STAFF | |
|-------------------------------|--|
| PERMIT NUMBER | |
| PERMIT ISSUE DATE | |

| | | | | |
|--|---|---|--|---------------------------------|
| DATE OF APPLICATION: | | <input type="checkbox"/> FAX | <input type="checkbox"/> EMAIL | <input type="checkbox"/> WALKIN |
| PERMIT LOCATION/STREET ADDRESS: | | | | |
| MISSOURI ONE CALL TICKET NUMBER: THE USE OF INDUSTRY STANDARD UTILITY MARKING AND COLOR CODES IS REQUIRED. | | | | |
| TYPE OF WORK | | | | |
| <input type="checkbox"/> WATER | <input type="checkbox"/> GAS | <input type="checkbox"/> WASTEWATER | <input type="checkbox"/> WATER/SEWER SERVICE | |
| <input type="checkbox"/> CATV | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> COMMUNICATIONS | <input type="checkbox"/> DRIVEWAY | |
| <input type="checkbox"/> SIDEWALK | <input type="checkbox"/> OTHER (please specify) | | | |
| CONTACT INFORMATION | | | | |
| CONTRACTOR/APPLICANT: | | | | |
| CONTACT NAME: | | | | |
| ADDRESS: | | | | |
| CITY: | | STATE: | | ZIP: |
| TELEPHONE: | | | CELL PHONE: | |
| EMAIL: | | | | |
| OWNER OF FACILITIES (UTILITY COMPANY): | | | | |
| CONTACT NAME: | | | | |
| ADDRESS: | | | | |
| CITY: | | STATE: | | ZIP: |
| TELEPHONE: | | | CELL PHONE: | |
| EMAIL: | | | | |
| SUBCONTRACTOR (IF APPLICABLE): | | | | |
| CONTACT NAME: | | | | |
| ADDRESS: | | | | |
| CITY: | | STATE: | | ZIP: |
| TELEPHONE: | | | CELL PHONE: | |
| EMAIL: | | | | |

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City of Belton, Missouri

| DETAILS OF WORK | | | | |
|--|---|--|--|--------------|
| ESTIMATED START DATE | | ESTIMATED COMPLETION DATE | | |
| THE PERMIT TERM SHALL NOT EXCEED 60 DAYS. | | | | |
| PURPOSE OF WORK | <input type="checkbox"/> REPAIR | <input type="checkbox"/> REPLACEMENT | <input type="checkbox"/> NEW INSTALLATION | |
| | <input type="checkbox"/> OTHER (please specify) | | | |
| INSTALLATION METHOD | <input type="checkbox"/> OPEN CUT | <input type="checkbox"/> TUNNELING/BORING | | |
| | <input type="checkbox"/> OTHER (please specify) | | | |
| AFFECTED AREA | <input type="checkbox"/> PAVEMENT | <input type="checkbox"/> GRASS | <input type="checkbox"/> CURB | |
| | <input type="checkbox"/> SIDEWALK | <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> POTHoles/SPOT HOLES IN PAVEMENT | |
| | <input type="checkbox"/> SERVICE CONNECTION ACROSS STREET | AREA OF STREET CUT (LxW): # OF STREET CUTS: | | |
| | <input type="checkbox"/> AREIAL/POLE MOUNTED | <input type="checkbox"/> OTHER: | | |
| LENGTH IN FT (IF LINEAR WORK): | | FROM | | TO |
| THE MAXIMUM LENGTH OF LINEAR WORK PER PERMIT IS 2,000 FEET. | | | | |
| OTHER DETAILS | | | | |
| TOTAL DISTURBED AREA*: | | | | |
| | | SQ. FT | | ACRES |
| THE FOLLOWING ARE ACKNOWLEDGED AND/OR ATTACHED AND INCORPORATED INTO THIS PERMIT APPLICATION, PER CITY'S ROW ORDINANCE: | | | | |
| <input type="checkbox"/> REGISTRATION | | | | |
| <input type="checkbox"/> TEMPORARY TRAFFIC CONTROL PERMIT, AS APPLICABLE | | | | |
| <input type="checkbox"/> LAND DISTURBANCE PERMIT, AS APPLICABLE | | | | |
| <input type="checkbox"/> ENGINEERING DRAWINGS, CONSTRUCTION PLANS, ETC. SHOWING THE LOCATION AND AREA OF PROJECT AND EXISTING AND PROPOSED FACILITIES AT SUCH LOCATION | | | | |
| <input type="checkbox"/> WORK PLAN AND SCHEDULE | | | | |
| <input type="checkbox"/> PERFORMANCE AND MAINTENANCE BONDS, AS APPLICABLE | | | | |
| <input type="checkbox"/> APPROPRIATE FEES WILL BE PAID UPON ISSUANCE OF PERMIT | | | | |

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| PERMIT FEE CALCULATION (TO BE COMPLETED BY CITY STAFF) |
|---|
| PERMIT FEE = BASE PERMIT FEE + ([LINEAR WORK FEE] X [FEET]) + ([STREET CUT FEE] X [# OF STREET CUTS]) |
| TOTAL PERMIT FEE: |

This application is made under the terms of Chapter 19 of the Code of Ordinances of the City of Belton, Missouri, governing work within public right-of-way, to accomplish the work herein described. Applicant hereby agrees to perform said work and restoration of right-of-way in strict accordance with the provisions of said Chapter 19 and further agrees to satisfactorily repair any failure or damage within the right-of-way resulting from the excavation or construction covered under this application within four years thereafter.

Pursuant to Chapter 19 of the Code of Ordinances, re-inspection fees will be applied separately if determined necessary by the City Inspector.

The permit is valid for 60 days from the date of the Permit Issue Date.

| SIGNATURE REQUIRED | |
|--------------------------------------|---|
| PERMITTEE OR AUTHORIZED AGENT | CITY ENGINEER OR HIS OR HER DESIGNEE |
| _____ SIGNATURE | _____ SIGNATURE |
| _____ PRINTED NAME | _____ PRINTED NAME |
| _____ DATE | _____ PERMIT ISSUE DATE |