## **Right-of-Way Permit Application**



Raytown Public Works Department 10000 E. 59<sup>th</sup> Street Raytown, Missouri 64133 Phone (816) 737-6012



## **30 DAY PERMIT**

SECTION 1 Applicant (Permittee)	(please prin	(Permit application process may take up to 10 business days.)	
Applicant		Telephone #	
Contact Name Address City, State, Zip		Cell #	
<b>SECTION 2</b> Owner of Facilities (Utility)	Company)		
•		Telephone #	
Owner Contact Name		Cell #	
Address		Email	
City, State, Zip			
Sub-Contractors Information (If Applicable)  Applicant  Contact Name  Address  City, State, Zip		Telephone #  Cell #  Email  Business Lic. #	
Traffic Control ( ) R	equired [ ] Not Re	equired	
TC Contractor			
Street Name:	From:	To:	
Street Name:	From:	To:	
Sidewalk	Lane(s)	_StreetOther	
Reason for Temporary Traffi	c Control:		
	End Date:		
Start Date:	End Date:		

\* Please submit Traffic Control Plans.

Notes:

SECTION 4		
	Missouri One Ticket	#
Type of Work		
Permit Location / Street Address		
Nearest Intersection	Side of Street	Length
Limits: From	То	
Purpose: Repair Replacement		
Installation Method: Open Cut	Bore	Other
Affected Area: □ Pavement □ Green Spa		• • •
Splice pit/spot holes	<u> </u>	
If Cutting Pavement, Length & Width of the	·	_
Start Date:	Completion Date:	
additional information which will be subject	to processing and review.	
SECTION 6		
ROW Permit Base Fee: \$75.00	-	
Street Degradation Fee will be added after	r completion of job:	
Total Fee:	_	
Signature:		
Print Name:		
SECTION 7		
Permit Approval:		
City Engineer (or authorized agent):		Date: