

RIGHT OF WAY – UTILITY PERMIT APPLICATION

Permit # **PW** – _____

Address of work: _____
 (If there is a specific address, indicate here--if none, list below *)

TYPE OF WORK – (CHOOSE ONE [1]) **WORK ORDER #** _____

ELECTRIC WATER SANITARY SEWER STREET LIGHT
 GAS TELEPHONE TELECABLE TRAFFIC SIGNAL

RESIDENTIAL SUBDIVISION OR DEVELOPMENT NAME: _____

***IF NO SPECIFIC STREET ADDRESS – DESCRIBE LOCATION:** ex. NE CORNER OF 123rd, etc.

* _____

CONTACT NUMBERS

Office Telephone Office Fax E-mail

Submitted by: _____ **Date:** _____
 Contact name, phone/cell number

LEAWOOD LOCATES for FIBER, STREET LIGHTS, TRAFFIC SIGNALS, STORM SEWERS:
 email Kansas One Call ticket to: locates@leawood.org

Owner is Applicant? (check if owner is the applicant-contractor)

Applicant: (CONTRACTOR NAME)

Name/Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Leawood Occupational License # _____

Contact _____ Phone _____

Sub-contractor for: _____

NOTES & DESCRIPTION OF WORK: _____

Is this a City project? NO YES (please circle one)

ROW PURPOSE Please mark all that apply

- New Installation Repair Replacement Other

INSTALLATION METHODS Please mark all that apply

- Open Cut Tunneling Boring Other _____

AFFECTED AREAS Please mark all that apply

- Curb Driveway Sidewalk Grass Pavement
 Not Applicable Other _____

ROW COMMUNICATION/CATV/ELECTRICAL SERVICE - PURPOSE Please mark all that apply

- Repair Install Conduit Install Copper/Coax Cable Install Fiber Cable
 Install/Replace Poles Install Power Cable Other _____

ROW COMMUNICATION/CATV/ELECTRICAL SERVICE - METHOD Please mark all that apply

- Aerial/Pole Attachment Direct Burial Installation of Existing Conduit Open Cut
 Tunneling/Boring Other _____

*NOTE: SERVICE PROVIDER REGISTRATION IS REQUIRED for Telecommunications & CATV

COMMENTS:

Dig Safe Ticket #: _____

If linear installation, on _____
from _____ to _____

Length & Width of Area _____ or

See attached Plot Plan

Estimated Start Date _____ Estimated Completion Date _____

Are Plans Included? NO YES (please circle)

Will contractor need to cut the pavement? NO YES (please circle)

FOR OFFICE USE ONLY from this point forward:

- VERIFY OCCUPATIONAL LICENSE AND/OR FRANCHISE IS ON FILE WITH OFFICE
VERIFY CURRENT CERTIFICATE OF INSURANCE IS ON FILE WITH OFFICE
VERIFY BOND IS ON FILE WITH OUR OFFICE
 \$5,000 BOND SPECIFIC TO JOB \$50,000 BOND SPECIFIC TO COMPANY FOR ALL JOBS PERMITTED
 N/A DUE TO SOME INDIVIDUAL FRANCHISE AGREEMENT...CHECK AGREEMENT

PENALTY FEE (if required): _____

DEGRADATION FEE (if street cut) _____

TOTAL PERMIT FEE: _____

ONCE PERMIT IS ISSUED
FEES ARE NON-REFUNDABLE

OKAY TO ISSUE PERMIT _____ DATE: _____

City Engineer or Authorized Agent