

City of Leawood

4800 Town Center Drive
Leawood, KS



GROUND MOUNTED UTILITY BOXES

Final Development Guidelines

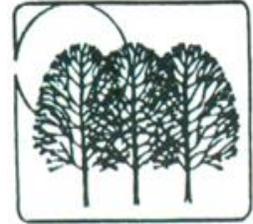
In accord with various Federal and State civil rights legislation, the City of Leawood does not discriminate against individuals regardless of race, ethnicity, color, religion, gender, national origin, age, marital status, medical condition or disability.

	OTHER PLAN APPROVALS	Fee
Planning	Hardscape Plan, Landscape Plan, Sign Plan	\$200.00 each
	Sport Court Application	\$75.00 each
	Roofing Material & Color Application	\$75.00 each
	Modification of Stipulations	\$200.00 @ application
	Final Plan for Changes to Building Façade/Elevations Application	\$300.00 each
	Final Plan Re-Inspection Fee	\$75.00 each
	Wireless Communication Facilities Co-locations and Modifications to Existing Tower or Base Station	\$300.00 each
	Administrative Review of Electric Car Charging Stations	\$100.00 each
	Administrative Review of Ground Mounted Utility Box	\$100.00 each
	Administrative Review of DAS/SCF Facility	\$125.00 each
	Administrative Review of WiFi Antennae Systems	\$200.00 each

	SIGNS & BANNERS	Fee
Planning	Monument Sign/Structures- All sizes [Additional electrical permit required]	\$200.00
	Permanent Sign – Wall Sign- All sizes [Additional electrical permit required]	\$4.00 @ sq. ft. [min. \$25.00]
	Permanent Sign - Canopy Sign – All sizes	\$4.00 @ sq. ft. [min. \$25.00]
	Permanent Sign - Awning Sign – All sizes	\$4.00 @ sq. ft. [min. \$25.00]
	Permanent Sign - Blade Sign – All sizes [Additional electrical permit required]	\$4.00 @ sq. ft. [min. \$25.00]
	Permanent Sign - Building Identification Symbols – All sizes [Additional electrical permit required]	\$4.00 @ sq. ft. [min. \$25.00]
	Permanent Sign - Directional Sign – All sizes [Additional electrical permit required]	\$4.00 @ sq. ft. [min. \$25.00]
	Permanent Sign - Directory Sign – All sizes [Additional electrical permit required]	\$4.00 @ sq. ft. [min. \$25.00]
	Permanent Sign - Signage on Architectural Structures – All sizes [Additional electrical permit required]	\$4.00 @ sq. ft. [min. \$25.00]

CITY OF LEAWOOD

UTILITY CABINET/ LANDSCAPING APPLICATION



CHECK LIST

Application Data:

Name of Business:	
Name of Development:	
Location of Utility Cabinet:	

Please ensure that the following information has been provided with this application (to be filled out by applicant) and in the order noted below:

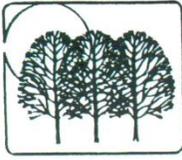
<input type="checkbox"/>	<p>Please meet with Public Works <u>prior</u> to submitting landscape plan to approve the location of the utility box. Provide a copy of the approval from Public Works.</p> <p>Review with Public Works the proposed utility box meets the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The utility box is not within 35' of any intersecting street corner, as measured from the point of the nearest intersecting curb or curb lines. <input type="checkbox"/> Utility box is not within the Public Right-of-Way without prior approval from Public Works (attach approval to application). <input type="checkbox"/> Utility box and landscaping is a minimum of 5' from the sidewalk, if present. <input type="checkbox"/> Utility cabinet is not placed within the critical root radius of existing trees. The critical root radius in feet is calculated by taking the diameter at breast height (DBH) in inches, which is 4.5' above the ground, times 1.5. The DBH is the circular area that should be kept free of disturbance to protect the anchoring and feeder roots of existing trees. For example, on a 20" DBH tree the cabinet would have to be thirty (30) feet away from the trunk. The protection of the critical root radius is recommended by the US Forest Service. <input type="checkbox"/> The utility box is not within 10' of fire hydrants <input type="checkbox"/> The utility box is not within 5' of any underground water line, storm sewer line, or sanitary sewer line. <input type="checkbox"/> The utility box is not within 2' of any transmission line, gas line, or other utility without providing the City Engineer a letter of consent by the affected utility. <input type="checkbox"/> The utility box is not placed with the sight triangle at intersections. <input type="checkbox"/> The utility cabinet is not placed within known areas of future street widening. Please contact the Public Works departments for street improvement schedules.
<input type="checkbox"/>	Vicinity Map
<input type="checkbox"/>	Aerial Plan with the location of the utility cabinet labeled.
<input type="checkbox"/>	Photo of location (street view) with the location labeled.

<input type="checkbox"/>	<p>Detailed landscape plan, including the following information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Detailed landscape table, which includes scientific name, common name, size, symbol, and quantity <input type="checkbox"/> Any existing landscape material <input type="checkbox"/> Landscaping is a minimum of 6" taller than the utility box screened, as required in Section 16-1-4.2(5) of the Leawood Development Ordinance <input type="checkbox"/> Landscaping provide maximum screening <input type="checkbox"/> Label all sight triangles, as defined in Section 16-9-256 of the Leawood Development Ordinance. Sight triangles are measured at the property line along the Public Right-of-Ways and the back of curb of driveways.
<input type="checkbox"/>	<p>Detailed site plan showing the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proposed location of utility cabinet(s) <input type="checkbox"/> All existing utility cabinets (labeled) and hand holes <input type="checkbox"/> Any utility easements, including widths of easement (including, but not limited to, electrical, water, and gas). <input type="checkbox"/> Public Right-Of-Way <input type="checkbox"/> Location of curbs <input type="checkbox"/> Verify all work is to be located within the utility easement or Public Right-of-Way <input type="checkbox"/> Setbacks from streets, sidewalks, and other structures (such as fences) <input type="checkbox"/> Dimensions of the utility pad <input type="checkbox"/> Direction the utility box opens
<input type="checkbox"/>	<p>Elevations are to include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Height and width of utility cabinet <input type="checkbox"/> Height the concrete base shall project from ground
<input type="checkbox"/>	<p>Specifications of the utility cabinet; including height, width, depth, material, and color</p>
<input type="checkbox"/>	<p>Power source for the utility cabinet has been identified. Review requirements to determine if the new power source can be administratively approved or if a Final Plan application must be filed, to be recommended for approval by the Planning Commission and approval by the Governing Body. Please discuss with the Planning Department timelines.</p>
<input type="checkbox"/>	<p>Provide a copy of the notification to property owners of the work</p>

By signing, the applicant is affirming all requirements included within this checklist have been satisfied.

Signature: _____

Date: _____



City of Leawood

UTILITY CABINET/LANDSCAPING PERMIT APPLICATION

Please read the application fully before completing. This application cannot be processed unless complete with all the required documents attached. If you need any assistance in completing the form, please call the Planning and Development Department at (913) 339-6700 x 160. Fax: (913) 339-6736 FEE: \$100.00

Name of Project: _____

Internal Project Number: _____

Location/Address: _____

Zoning: _____

Name of Subdivision: _____ Acreage: _____

Legal Description: _____

Description of Improvements: _____

Dimension of the Utility Box – Verify that the proposed utility box is less than 55” in height and a base that is less than 15 square feet. If not, than a Final Plan application must be filled out.

Height (in.) – include base / pad: _____ Going in an easement or right of way? _____

Footprint of utility box (sq.ft.): _____

Footprint of pad on which utility box sits (sq.ft.): _____

APPLICANT/CONTACT PERSON

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Fax _____

Email _____

OWNER OF RECORD

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Fax _____

Applicant's Signature

Owner's Signature

FOR OFFICE ONLY

Date Filed: _____ Accepted by: _____ Fee Collected: _____

APPROVED DENIED Reasons for Denial: _____

Approved by: _____ Date Approved: _____