

City of Bonner Springs Right-of-Way Permit Application

Section 1 - Scope of Work (Applicant)

Date of Application _____ Permit No. _____ Kansas One Call Ticket #: _____

Purpose: (check all that apply) New Construction Repair/Upgrade/Move Existing Facility

Installation Method: (check all that apply)
 Open-cut Directional Drill/Bore Neither

Area to be Excavated by Open-cut Method: (check all that Apply)
 Street Sidewalk Residential Drive
 Commercial Drive Grass/Sod

Project Scope: (provide all requested information or indicate "not applicable N/A")

Length: _____ (feet) Size of Pipe/Conduit: _____ (inches)

No. of Structures/Poles/Pedestals: _____

Project Location and/or Street Address: _____

If linear installation: from _____ to _____ on _____

Will a street closure be required while the work is completed? YES NO

Work Schedule: Start Date _____ Finish Date _____

Section 2 - Attachments (Applicant)

PERFORMANCE AND MAINTENANCE BOND	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	ON FILE	<input type="checkbox"/>	N/A
CERTIFICATE OF LIABILITY INSURANCE	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	ON FILE	<input type="checkbox"/>	N/A
DRAWINGS/PLANS	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	ON FILE	<input type="checkbox"/>	N/A
TRAFFIC CONTROL PLAN (if required)	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	ON FILE	<input type="checkbox"/>	N/A

Section 3 - Contractor and Utility Information (Applicant)

CONTRACTOR/SUBCONTRACTOR PERFORMING WORK

SERVICE PROVIDER/OWNER AUTHORIZING WORK

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Contact _____

Contact _____

Office Phone _____

Office Phone _____

Mobile Phone _____

Mobile Phone _____

Emergency Phone _____

Emergency Phone _____

Email _____

Email _____

Fax _____

Fax _____

CERTIFICATION: I certify that I have read and understood the City of Bonner Springs Right-of-Way Usage Code and agree to complete all work in accordance to the provisions set forth therein. I agree to call the appropriate department at least 24 hrs in advance to schedule any inspections. Failure to replace the street, curb, gutter, sidewalk or any other area disturbed by work performed that is authorized or unauthorized by this permit to the satisfaction of the City can result in my liability to replace said improvements at my own expense.

Authorized Signature _____

Title _____

Print Name _____

Date _____

Section 4 - Office Use

P&M BOND Bond No. _____ Surety Co. _____
CERT OF INS. exp date _____ Ins. Co. _____
Permit Fee Received \$ _____ Check No. _____
Waivers (attach completed and approved waiver form)
 Bond Insurance Plans/Maps Other _____

APPROVED SIGNATURES

PUBLIC WORKS _____

UTILITIES _____

