

City of Bonner Springs Right-of-Way Permit

Waiver Form

Date of Application _____ Permit No. _____

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 _____

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 _____

ITEMS TO BE WAIVED:

- | | |
|---|---|
| <input type="checkbox"/> PERFORMANCE AND MAINTENANCE BOND | <input type="checkbox"/> CERTIFICATE OF LIABILITY INSURANCE |
| <input type="checkbox"/> DRAWINGS/PLANS | <input type="checkbox"/> TRAFFIC CONTROL PLAN (if required) |
| <input type="checkbox"/> PERMIT FEE | <input type="checkbox"/> OTHER _____ |

REASONS FOR WAIVER (attach additional pages if necessary):

CERTIFICATION: I certify that I have read and understood the Bonner Springs Right-of-Way Usage Code and agree to complete the work as outlined in that Code. I further understand that any waiver granted does not exclude me from all of the other provisions outlined in the Code. Failure to comply with the Code may result in this waiver being revoked as well as other possible fines and penalties as outlined in the Code.

Signature _____ Title _____

Print Name _____ Date _____

Section 2 - Office Use

- | | |
|--|-------|
| <input type="checkbox"/> Waiver Approved | _____ |
| <input type="checkbox"/> Waiver Denied | _____ |

Authorized Signature

