RIGHT OF WAY – UTILITY PERMIT APPLICATION

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

TYPE OF WORK – (CHOOSE ONE [1])
☐ ELECTRIC  ☐ WATER  ☐ SANITARY SEWER  ☐ STREET LIGHT
☐ GAS  ☐ TELEPHONE  ☐ TELECOMM  ☐ TRAFFIC SIGNAL

SUBDIVISION OR COMMERCIAL 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

Email applications & plans to: rowpermits@leawood.org

UTILITY LOCATES: Kansas One Call: 1-800-DIG-SAFE OR dial 811 or 1-800-344-7233)
Or visit: http://ks.ctic.occinc.com
WaterOne: 913-895-1806 or visit: www.waterone.org

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

**TO AVOID A $75 PENALTY BE SURE TO CALL FOR YOUR INSPECTION OR REQUEST AN
EXTENSION BEFORE YOUR PERMIT EXPIRES per Leawood Fee Schedule**

☐ 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: ____________________________

WRITTEN DETAIL OF WORK and NOTES: ______________________________________________
_____________________________________
_____________________________________
_____________________________________

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Right of Way Utility Application

PW-________________________

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) ____________________________

ONCE PERMIT IS ISSUED
FEES ARE NON-REFUNDABLE

TOTAL PERMIT FEE: ____________________________

OKAY TO ISSUE PERMIT ____________________________   DATE: ____________________________

City Engineer or Authorized Agent

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