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: _______________________________________________________________

□ ELECTRIC    □ WATER    □ SANITARY SEWER    □ STREET LIGHT    □ TRAFFIC SIGNAL
□ GAS    □ TELEPHONE    □ TELECABLE    □ FIBER OPTIC

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: Leawood Locates: Street Lights, Traffic Signals, Storm Sewers, City Fiber

forward KANSAS ONE CALL ticket to: locates@leawood.org.

KANSAS ONE CALL: 1-800-DIG-SAFE OR dial 811 or 1-800-344-7233

or visit: http://kansasonecall.com

WATERONE: 913-895-1806 or visit: www.waterone.org

**A RENEWAL FEE WILL APPLY TO PERMIT EXTENSIONS 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 Occupation License (OL) # __________________

Contact __________________________ Phone __________________________

SUBCONTRACTOR: ____________________________________________________________ OL: __________________

SUBCONTRACTOR: ____________________________________________________________ OL: __________________

SUBCONTRACTOR: ____________________________________________________________ OL: __________________

Owner of Facilities (utility company) _______________________________________________________

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)

Install above-ground cabinet   NO   YES (please circle one)  Dimensions:  _________________

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 #:  _______________

Length & Width of Area__________________________________________________________

Permit fees are determined by the # of parcels/addresses affected (per AIMS). See current Fee Schedule.

# OF PARCELS:  __________

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 OCCUPATION 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

$40 X # of Parcels  __________ = PERMIT FEE:  _______________  FEES ARE NON-REFUNDABLE

OKAY TO ISSUE PERMIT  ___________________________________ DATE:  __________________

City Engineer or Authorized Agent

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