



Commercial Construction / Contractor / Utility Companies Right-of-Way/Temporary Traffic Control Permit

Company Details:

Company Name: _____
 Company Address: _____
 City: _____ State: _____ Zip Code: _____
 Business Phone: _____
 Applicant Name: _____ Title _____
 Cell Phone: _____ Email _____
 City of Blue Springs Business License # _____

Job Location:

Address: _____
 Commercial Business Name: _____ Lot: _____
 Missouri One Call Ticket # _____
 Date to Begin: _____ Anticipated Date of Completion _____

Job Details:

Permit Requested:
 Right-of-way?
 Temporary Traffic Control?
 Right-of-way and Temporary Traffic Control?
 Right-of-way, Temporary Traffic Control and Street Cut?
 Adherence to MUTCD guidelines is required for traffic control.

Description of work: _____

Water Service
 ADA Sidewalk
 ADA Driveway
 Sanitary Sewer Repair
 Water Line Repair
 Other (Please explain.) _____

Utility Work:

Street Name: _____ From _____ To _____
 Nearest Cross Street _____
 Pit Address: _____ Location: _____
 Pit Address: _____ Location: _____
 Pit Address: _____ Location: _____
 Pit Address: _____ Location: _____
 Pit Address: _____ Location: _____
 Pit Address: _____ Location: _____

Excavation Information:

of sidewalk cuts _____ # of poles _____ # of street cuts _____ # of pits _____
 # of street crossings _____ # of driveway cuts _____ # of bike-path cuts _____

Excavation Dimensions:

Length (ft) _____ Width (ft) _____ Depth (ft) _____

Traffic Control

Adherence to MUTCD guidelines is required for traffic control.

Traffic Control Contractor: _____

Attachment "A" Signed and Included? If other, attach drawing: _____

Work Zone Typical Application # TA- _____

Location/Description of Traffic Control: _____

Street Name _____ From: _____ To: _____

Reason for Temporary Traffic Control: _____

Start Date: _____ End Date: _____

Hours the street will be closed: _____

Special Terms/Conditions: _____

For any questions regarding this form, please contact the City of Blue Springs Public Works, Engineering Division at 816/228-0121.

Instructions:

Office Use Only

Council District	1	2	3		
Permit Fee		\$ 125.00		100.00000.430110.000	\$ _____
Street Cut Inspection Fee		\$ 20.00	X _____	100.00000.435200.000	\$ _____
Refundable Escrow for Street Cuts		\$1,480.00	X _____	100.31000.435200.000	\$ _____
Total					\$ _____
Fees Paid:	_____				

Inspections Required:	Pass	Fail	Date	Inspector
Concrete Pour:			_____	_____
Sidewalk ADA:			_____	_____
Street Cut Backfill:			_____	_____
Street Cut Surface/Clean-up Final:			_____	_____
Bore Pit Backfill:			_____	_____
Bore Pit Final:			_____	_____

Permit Approved: _____

Inspector: _____

Permit Expiration: _____

Permit # _____