

Public Works Department
Street and Traffic Division
5th Floor, City Hall
414 East 12th Street
Kansas City, Missouri 64106-2705

(816) 513-2574
Fax: (816) 513-2715

APPLICATION FOR EXCAVATION PERMIT

APPLICANT Name: _____ E-MAIL: _____

FIRM RESPONSIBLE FOR EXCAVATION: _____

BUSINESS ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____ FAX: _____

JOB SUPERINTENDANT NAME: _____ CONTACT PHONE: _____

LOCATION OF EXCAVATION

STREET ADDRESS NUMBER: _____

PLEASE SKETCH WORK AREA OR ATTACH A COPY OF PLANS:

DESCRIPTION OF WORK: _____

SIZE OF DIG [NUMBER OF HOLES, LENGTH, WIDTH AND DEPTH]

BORE: _____

Will any portion of excavation be in street pavement? _____

Length and width of pavement cut: _____

Anticipated schedule of work Start Date Completion Date

I certify that I have read, have understood and will comply with the requirements of the City of Kansas City Missouri SR-1 Standards for completions.

APPLICANT'S SIGNATURE: _____ DATE: _____