



**CITY OF KANSAS CITY, MISSOURI**

**Public Works Department, Streets Traffic Division**

**5th Floor, City Hall, 414 East 12<sup>th</sup> Street**

**Kansas City, MO 64106 Tel: (816) 513-2679 or (816) 516-2646 Fax: (816) 513-2715**

**APPLICATION FOR TRAFFIC CONTROL PERMIT**

**APPLICATION Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**COMPANY Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Dates Closed** \_\_\_\_\_ **Hours Closed:** \_\_\_\_\_

Start Date                      end date

**I would like to have a permit for the following street and which lane or lanes:** \_\_\_\_\_

\_\_\_\_\_

**Do you want to close a sidewalk?:** \_\_\_\_\_

**Do you want to close the street?** \_\_\_\_\_ **Do you want to close traffic in one direction?** \_\_\_\_\_

**What are the boundaries of your closure?** \_\_\_\_\_

\_\_\_\_\_

**What is this traffic control permit for?** \_\_\_\_\_

**Proposed detour route (only applies to full closures in any direction):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is this a renewal of an old permit?** \_\_\_\_\_ **What is the old permit number?** \_\_\_\_\_

**Other Comments:** \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION BY APPLICANT**

I certify that I have read, have understood and will comply with the requirements of the Application for Traffic Control Permit on this form, and that all information provided in connection with this application is true.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_