Right of Way/Temporary Traffic Permit

Contact Details

Company

Company Name _____
First Name _____
Middle Name _____
Last Name _____
Title _____
E-mail _____
Contact Preference Business☐ Home☐ Mobile☐

Contact

Web Page Address _____
Business Phone _____
Home Phone _____
Mobile Phone _____
Fax _____
Other Phone _____
Manufacturer☐ Vendor☐ Shipper☐ Active☐

Street Number _____ Pre Direction _____
Street Name _____
Street Type _____ Unit or Suite _____
Address Line 3 _____ City _____
State _____ Postal Code _____
Parcel Number _____ County _____

Permit Details

Permit Type Right-of-Way☐ Temp Traffic Control☐
Application Date _____
Work Class ROW. TTC☐ ROW TTC w/street cut☐
Council District 1☐ 2☐ 3☐
Description _____

Excavation

MO One-Call Ticket # _____
Date to Begin _____ Date of Completion _____

JOB LOCATION

Street Name _____ From: To:
Nearest cross street _____ Legal Description _____
Pit Address _____ Location _____
Pit Address _____ Location _____
Pit Address _____ Location _____
Pit Address _____ Location _____
Utility Subcontracting For _____
Describe Work _____

EXCAVATION INFORMATION

of sidewalk cuts _____ # of pits _____
# of street cuts _____ Length of Bore (FT) _____
# of poles _____ # of driveway cuts _____
# of bike-path cuts Street Crossings

EXCAVATION DIMENSIONS

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

Traffic Control

TC Contractor _____ Attachment "A" Signed and included? ☐

Location/Description _____

Street Name _____ From _____ To: _____

Street Name _____ From _____ To: _____

☐ Sidewalk ☐ Lane (s) ☐ Street ☐ Other

Reason for Temporary Traffic Control

Start Date _____ End Date _____

Hours Closed _____

Special Terms/Conditions:

Any questions regarding this form please contact
City of Blue Springs Public Works, Engineering Division at 816-228-0121