

RIGHT OF WAY PERMIT

APPLICATION

WORK WITHIN ROW PERMIT NO. RW	DATE OF APPLICATION:	
Applicant Name, Address and Phone Number:		
Property Owner Name, Address and Phone Number:		
General Contractor/Excavating Contractor Name, Address and	Phone Number:	
	City of Excelsior Springs?	
Architect/Engineer/Consultants Names, Address and Phone No.	umber:	
Location/Address of Proposed Work: (Please attach copy of pl	ans or sketch)	
	ust be in place prior to start of work):	
Anticipated date to complete work:	(MUST BE COMPLETED WITHIN 90 DAYS)	
Signature of Applicant	Date	
Permit Approval / Pending		
ROW plan approved / pending this of	20	
Signature of Authorizing Official	Date	
Note: This permit is not valid until signature and date of Aut	· ·	
	Reason for pending status:	