

Right of Way Permit

Permit

City of Brookfield, 116 west Brooks, Brookfield MO, 64628, 660-258-3377, Fax 660-258-7279

Application for Right-of -Way Cut Permit

Name of Contractor			
Address			
City-State-Zip			
Contact Name		Phone	

Description and Location of Work to be Preformed

(Description must be accurate or Code officer may reject)

Dig Address	
Nearest intersecting streets	
Distance from intersection	
Which side of street	
Work being done for	

Excavation	Yes	
Horizontal Boring		No
Vertical Boring		No
Explosives		No
Tunneling		No
Plowing		No

Utility		
Water		No
Sewer		
Gas		No
Phone		No
Other		No

Depth		
Dimension of cut	Width:	
	Length:	
Has Dig Right been notified ?		
Location Map Included		
Beginning Date		

Prior to issuance of permit for this work applicant must make payment of fifty dollars (\$150.00). Make check payable to the City of Brookfield. Applicant must deposit a payment equal to any cut that City crews fixed. This deposit will be returned once the cut has been repaired, but the City will only fix one cut for each contractor per calendar year.

Note: It is mandatory that the Code Officer or his designee is provided a minimum of twenty-four hour notice of the applicants desire backfill. A City representative must be present at the time of backfilling

All repairs must be completed with in seven (7) days from the beginning date that is stated above. An additional five (5) day extension may be obtained if requested before the said seven day requirement has expired. The seven day repair requirement does not apply to Right-of-way cuts made between November 1 and March 31, but all Right-of-way cuts made between November 1 and March 31 must be repaired by March 8.

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent. I also agree to comply with ordinance 96-44 and the current amendments there to, and to pay for any additional area in excess of the area shown above which may be cut or damaged as a result of any work accomplished under authority of a permit issued for this project. I understand that I may only have three (3) open permits at any given time.

Signature of Agent _____
Address _____

Receipt Number	Issued by	Final App. Date

Repair Requirement. (See Attached)

For all street excavations, the Police department must be notified