**Owner Section:** (Name of Applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereinafter termed the “Applicant”, requests permission in accordance with K.S.A. 68-545 to excavate and/or perform work on county road right-of-way. The requested work is described as follows:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location: |  | | | Street a distance of | | \_\_\_\_\_\_ft.\_\_\_\_\_\_\_\_\_\_ | | of the intersection of\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | St. |
| Address if applicable: | | |  | | | | | | Side of road: | | |  | |
| Description of Work: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Contractor’s Name | |  | | | Supervisor | |  | | | Cell Phone |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Permission requested to close the road? | No | Yes | If yes, how many days? \_\_\_\_\_\_. Attach traffic control plan. |
| Permission requested to cut pavement or sidewalk? | No | Yes | If yes, give length & width: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

Applicant plans to commence work on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and agrees to complete work and restore the road and right-of-way to a condition equal to that existing prior to that existing before commencement of the work within\_\_\_\_\_\_\_\_ weeks after work commences. The Applicant agrees the proposed work will be located and constructed to the satisfaction of County, and any disturbed areas shall be seeded and mulched. Applicant shall notify County prior to beginning work, and at completion of the work by contacting the contact individual listed below. The Applicant is responsible for the proper and safe execution of the work, and shall hold harmless County from liability for accidents and damages that may accrue to persons or property on account of this work. The material and construction methods used on all the work within the right-of-way limits shall conform to applicable sections of the County’s Construction Requirements and Procedures for Installation of Utilities in the Public Right-of-way dated \_\_\_\_\_\_\_. 2017, and any drawings attached to this Permit.

Applicant agrees to repair all damages to property, remove construction debris, and restore the right-of-way as soon as practical. Applicant hereby deposits with this permit a check in the amount of $500 to ensure proper repair and restoration. The deposit will be returned by County after the work has been inspected and approved. However, if Applicant fails to repair damage and properly restore the right-of-way County may use all or a portion of the deposit to cover expenses to complete the work properly. If damages and cost to restore exceed the amount of the deposit the County may take legal action to recover the entire cost of repairing the damage caused by the Applicant.

Applicant understands that in the event County deems it necessary or proper to make any alteration or improvement along or upon the road or right-of-way the work proposed above may be modified by County. The permit is hereby requested and the provisions of the permit hereby accepted and agreed to. (Attach certificate of insurance for general liability and vehicle insurance, deposit, and application fee, if any.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| Signature Printed Name Date | | | | | | |
|  |  |  |  |  |  |  |
|  | Address |  | City, State & Zip, | Phone | E-mail |  |
|  |  |  |  |  |  |  |
|  | Contact for this project |  | Phone(day) | Phone(emergency) | E-mail |  |

**County Approval Section:** This permit is hereby granted

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| Signature Printed Name Title Date | | | | | | |
|  |  |  |  |  |  |  | |
|  | Contact for this project |  | Phone(day) | Phone(emergency) | E-mail |  | |

Special Conditions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection date: Acceptance date Signed: Amount of deposit returned $