



**CITY OF BELTON**  
 520 Main Street  
 Belton, MO 64012  
 (816) 331-4331  
 Fax: (816) 331-6973

# PERMIT FOR TEMPORARY TRAFFIC CONTROL

| TO BE COMPLETED BY CITY STAFF |  |
|-------------------------------|--|
| PERMIT NUMBER                 |  |
| PERMIT ISSUE DATE             |  |

|                             |                              |                                |                                 |
|-----------------------------|------------------------------|--------------------------------|---------------------------------|
| <b>DATE OF APPLICATION:</b> | <input type="checkbox"/> FAX | <input type="checkbox"/> EMAIL | <input type="checkbox"/> WALKIN |
|-----------------------------|------------------------------|--------------------------------|---------------------------------|

**PERMIT LOCATION/STREET ADDRESS:**

**MISSOURI ONE CALL TICKET NUMBER:**  
 THE USE OF INDUSTRY STANDARD UTILITY MARKING AND COLOR CODES IS REQUIRED.

**LOCATION OF WORK**

|                |              |            |
|----------------|--------------|------------|
| <b>STREET:</b> | <b>FROM:</b> | <b>TO:</b> |
|----------------|--------------|------------|

|                |              |            |
|----------------|--------------|------------|
| <b>STREET:</b> | <b>FROM:</b> | <b>TO:</b> |
|----------------|--------------|------------|

|  |  |                                   |                                      |
|--|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> FULL STREET CLOSURE | <input type="checkbox"/> PARTIAL STREET CLOSURE<br>SPECIFY # OF LANES CLOSED | <input type="checkbox"/> SIDEWALK | <input type="checkbox"/> OTHER _____ |
|--|--|-----------------------------------|--------------------------------------|

**REASON FOR TEMPORARY TRAFFIC CONTROL:**

|                    |                  |                                  |
|--------------------|------------------|----------------------------------|
| <b>START DATE:</b> | <b>END DATE:</b> | <b>TIME CLOSED (HOURS/DAYS):</b> |
|--------------------|------------------|----------------------------------|

**CONTACT INFORMATION**

**CONTRACTOR/APPLICANT:**

CONTACT NAME:

ADDRESS:

|       |        |      |
|-------|--------|------|
| CITY: | STATE: | ZIP: |
|-------|--------|------|

|            |             |
|------------|-------------|
| TELEPHONE: | CELL PHONE: |
|------------|-------------|

EMAIL:

**OWNER OF FACILITIES (UTILITY COMPANY):**

CONTACT NAME:

ADDRESS:

|       |        |      |
|-------|--------|------|
| CITY: | STATE: | ZIP: |
|-------|--------|------|

|            |             |
|------------|-------------|
| TELEPHONE: | CELL PHONE: |
|------------|-------------|

EMAIL:

**PERMIT FOR TEMPORARY TRAFFIC CONTROL**

**City of Belton, Missouri**

**THE FOLLOWING ARE ACKNOWLEDGED AND/OR ATTACHED AND INCORPORATED INTO THIS PERMIT APPLICATION, PER CITY'S ROW ORDINANCE:**

- REGISTRATION
- TRAFFIC CONTROL PLAN
- RIGHT-OF-WAY PERMIT, AS APPLICABLE
- LAND DISTURBANCE PERMIT, AS APPLICABLE
- WORK PLAN AND SCHEDULE, AS APPLICABLE
- PERFORMANCE AND MAINTENANCE BONDS, AS APPLICABLE
- APPROPRIATE FEES WILL BE PAID UPON ISSUANCE OF PERMIT

**PERMIT FEE CALCULATION (TO BE COMPLETED BY CITY STAFF)**

PERMIT FEE = [PERMIT FEE] X [# OF LANES CLOSED] X [# OF DAYS CLOSED]

TOTAL PERMIT FEE:

This application is made under the terms of Chapter 19 of the Code of Ordinances of the City of Belton, Missouri, governing work within public right-of-way, to accomplish the work herein described. Applicant hereby agrees to perform said work and restoration of right-of-way in strict accordance with the provisions of said Chapter 19 and further agrees to satisfactorily repair any failure or damage within the right-of-way resulting from the excavation or construction covered under this application within four years thereafter.

**SIGNATURE REQUIRED**

The permit is valid for 60 days from the date of the Permit Issue Date.

**PERMITTEE OR AUTHORIZED AGENT**

**CITY ENGINEER OR HIS OR HER DESIGNEE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERMIT ISSUE DATE

All appropriate departments have been notified