



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	

DATE OF APPLICATION:	<input type="checkbox"/> FAX	<input type="checkbox"/> EMAIL	<input type="checkbox"/> WALKIN
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PERMIT LOCATION/STREET ADDRESS:

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

LOCATION OF WORK

STREET:	FROM:	TO:
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STREET:	FROM:	TO:
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<input type="checkbox"/> FULL STREET CLOSURE	<input type="checkbox"/> PARTIAL STREET CLOSURE SPECIFY # OF LANES CLOSED	<input type="checkbox"/> SIDEWALK	<input type="checkbox"/> OTHER _____
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REASON FOR TEMPORARY TRAFFIC CONTROL:

START DATE:	END DATE:	TIME CLOSED (HOURS/DAYS):
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CONTACT INFORMATION

CONTRACTOR/APPLICANT:

CONTACT NAME:

ADDRESS:

CITY:	STATE:	ZIP:
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TELEPHONE:	CELL PHONE:
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EMAIL:

OWNER OF FACILITIES (UTILITY COMPANY):

CONTACT NAME:

ADDRESS:

CITY:	STATE:	ZIP:
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TELEPHONE:	CELL PHONE:
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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