

**CITY OF MISSION, KANSAS  
PUBLIC WORKS DEPARTMENT**

**PERMIT FOR WORK ON CITY RIGHT-OF-WAY,  
CITY EASEMENT & CITY PROPERTY**

<u>Date of Application</u>			PERMIT NO. _____
Month _____	Day _____	Year _____	DIG SAFE TICKET NO. _____

BOND AMOUNT \_\_\_\_\_  
CERT. OF INS. ON FILE \_\_\_ YES \_\_\_ NO

UTILITY LOCATES;  
DIG SAFE 1-800-344-7233  
WATER DISTRICT 1-913-895-1806  
JOCO WASTEWATER 1-913-681-3200, ext. 212

PERMIT TYPE:	<input type="checkbox"/> WATER	<input type="checkbox"/> GAS	<input type="checkbox"/> WASTEWATER
	<input type="checkbox"/> CATV	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> COMMUNICATIONS
	<input type="checkbox"/> DRIVEWAY	<input type="checkbox"/> OTHER _____	

APPLICANT \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CONTACT NAME (please print): \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

<b>*LOCATION AND/OR STREET ADDRESS:</b> _____			
PURPOSE:	<input type="checkbox"/> REPAIR	<input type="checkbox"/> ABANDON	<input type="checkbox"/> NEW MAIN
METHOD OF EXCAVATION:	<input type="checkbox"/> OPEN CUT	<input type="checkbox"/> TUNNELING OR BORING	
AREA TO BE EXCAVATED:	<input type="checkbox"/> PAVEMENT	<input type="checkbox"/> GRASS	<input type="checkbox"/> SIDEWALK
LENGTH & WIDTH OF WORK AREA:	_____	DEPTH	_____
IF A STREET CUT, LENGTH AND WIDTH OF THE CUT:	_____		
STREET PATCH DATE (if applicable):	_____		
START DATE:	_____	COMPLETION DATE:	_____

**\*ATTACH A SKETCH OF THE WORK LOCATION OR ATTACH ENGINEERING PLANS IF NEW SERVICE**

CERTIFICATE: I certify I have been given a copy of the Mission, Kansas Ordinance No. 1006 and that I have read and understand the provisions of that Chapter as it pertains to fees, backfill and restoration, liability to the City of Mission and method of release upon completion of my work.

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

FEE: \_\_\_\_\_

\_\_\_\_\_  
Permittee or Authorized Agent

\_\_\_\_\_  
City Engineer or Authorized Agent

# City of Mission

6090 Woodson

Mission, KS 66202

## Insurance & Bond Requirements for Right-of-Way Permits

(Required for plumbers, irrigation installers, and others doing repairs or new construction in the right-of-way not covered by a building permit.)

Commercial General Liability Insurance	\$1,000,000/ occurrence \$2,000,000/aggregate
Bond (*Original required):	\$5,000 surety Bond with a 2-year maintenance period

Please Note: to expedite the review and processing of your insurance and bond information, please use the attached city forms. Insurance and bonds submitted on forms other than the city's format, may require evaluation by the city's insurance consultant and could delay the issuance of your permit.

\*We may accept a fax for the first-time applicants, but need the original prior to the issuance of subsequent permits.

# SURETY BOND

KNOW ALL MEN BY THESE PRESENTS THAT \_\_\_\_\_,  
hereinafter called the Principal, and \_\_\_\_\_,  
hereinafter called the Surety, are held and firmly bound unto the City of Mission,  
Johnson County, Kansas, in the sum of Five Thousand and No/100 (\$5,000)  
Dollars, to the payment of which sum, well and truly to be made, and said  
Principal and the Surety bind themselves, their successors, heirs, and assigns,  
jointly and severally, firmly by these presents.

WHEREAS, the said Principal has obtained from the City of Mission,  
Kansas, a permit to excavate, trench, bore, or tunnel under rights-of-way under  
the jurisdiction of the City of Mission; and

WHEREAS, a surety company bond is required of said Principal to  
guarantee the proper restoration and replacement of street rights-of-way in  
accordance with the plans and specifications and within the time specified for  
such completion; then this obligation shall be void at the expiration of the  
maintenance period of two years or until formally released therefrom, otherwise  
to remain in full force and effect.

SIGNED, SEALED, AND DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

APPROVED:

\_\_\_\_\_  
Clerk