



City of Calverton Park
52 Young Drive
Calverton Park, Missouri
(314) 524-1212
tpfyl@calvertonparkmo.com

RIGHT-OF-WAY USE / EXCAVATION PERMIT APPLICATION

FEE: \$100.00

Subject Property Information:

Affected road/property location(s): _____

General Description of the Work: _____

Submit detailed plans showing the Nature, Dimensions, and Description of the Work.

Provide Landscaping Plan for above-ground facilities (if applicable).

Type of Work Performed (mark all that apply)

- C = Inside City ROW
- P = Outside City ROW
- B = Both

Utility Facility: _____ Lighting: _____

Excavation: _____ Signals: _____

Horiz. Boring: _____ Pole Relocation: Road

Repair: _____

Roadwork:

Will lanes be closed temporarily or restricted? Yes No

If "yes", a separate Traffic Management Plan must be submitted for approval.



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Timeframe:

Proposed Starting Date: _____

Days to Complete: _____

Safety Measures During Work:

Oversight of the Work:

The following person shall be responsible to oversee the work on the project described herein:

Name: _____
Position / Title: _____
Company: _____
Address: _____
Telephone: _____
Cell Phone Number: _____
Other Emergency Contact Number: _____

The undersigned hereby acknowledges and agrees to comply with all conditions of the permit which shall be issued for use of and/or excavation of the right-of-way. The undersigned further acknowledges that two pipelines, which serve Lambert International Airport, are located within the City of Calverton Park and that extra precautions shall be taken when working within the area of the pipelines. (Additional requirements may be set forth on the permit for work in the area of the pipelines).

Name:



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Company: _____

Title: _____

CONTACT INFORMATION SHEET

Applicant:

Company: _____

Contact Person: _____

Position / Title: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Utility Company:

Company: _____

Contact Person: _____

Position / Title: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Utility Subcontractor:

Company: _____

Contact Person: _____

Position / Title: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Emergency Contact (24/7):

Company: _____

Contact Person: _____



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Position / Title: _____
Address: _____
Telephone: _____
24/7 Contact Phone Number: _____
Email: _____