

**PERMIT FOR WORK WITHIN CITY
RIGHT-OF-WAY, EASEMENT
AND/ OR PROPERTY**



Engineering Department

700 N. Jefferson Street, Junction City,
KS 66441 PH 785-238-3103
www.junctioncity-ks.gov

DATE OF APPLICATION: _____ **PERMIT NO.:** _____

FAX ___ EMAIL _____ WALK-IN _____

PERMIT TYPE ___ WATER ___ GAS ___ WASTEWATER ___ WATER/ SEWER SERVICE
___ CATV ___ ELECTRIC ___ DRIVEWAY ___ COMMUNICATIONS
OTHER: _____

CONTACT INFORMATION *(please print)*

APPLICANT/ CONTRACTOR: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____ TEL #: _____

CELL #: _____ FAX #: _____

EMAIL: _____

OWNER OF FACILITIES: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____ TEL #: _____

CELL #: _____ FAX #: _____

EMAIL: _____

**ATTACH DRAWING(S) OR ENGINEERING PLAN(S) OF THE PERMIT LOCATION,
INCLUDING PROPOSED WORK AND EXISTING UTILITIES WITHIN WORK AREA.**

PERMIT LOCATION AND/ OR STREET ADDRESS *(please print)*

If linear installation, from _____ *to* _____ *on* _____

PERMIT FOR WORK WITHIN CITY
RIGHT-OF-WAY, EASEMENT AND/ OR PROPERTY

PURPOSE

____ Repair . ____ Replacement
____ New Installation
____ Other _____

INSTALLATION METHOD

____ Open Cut
____ Tunneling/ Boring
____ Other _____

AFFECTED AREA

____ Pavement ____ Grass ____ Curb ____ Sidewalk ____ Driveway
____ Potholes/ Spot Holes in Pavement ____ Service Connection

If a Street cut, length and width of cut _____

Start Date: _____ **Completion Date:** _____

Total Disturbed Area _____ SQ. FT. _____ Acres

COMMUNICATIONS/ CATV/ ELECTRICAL SERVICE/ GAS SERVICE

PURPOSE

____ Repair _____ Install Conduit/ Piping – Size & Number
____ Install/ Repair Poles _____ Install Fiber Cable – Count
____ Install Power Cable _____ Install Copper/ Coax Cable – Count
____ Other _____

METHOD

____ Tunneling/ Boring _____ Install Handhole/ Manhole – Size _____
____ Open Cut _____ Install above Grade Utility Structures
____ Direct Burial _____ – Size & Number _____
____ Aerial/ Pole Attachment _____ Install Electrical Service With Meter
____ Installation in _____ Other _____
Existing Conduit

SIGNATURE REQUIRED

Permittee or Authorized Agent

(Please print name below)

Date: _____

Permit Issue Date: _____

Permit Fee: _____

Inspection Costs: _____

Performance/ Material: _____

Bond Costs

Total Costs _____

By Completing this application the applicant/ contractor verifies that the information provided is correct and understands that all work performed, including temporary traffic control, within the public right-of-way remains his, the applicant/ contractor's, liability/ responsibility until the necessary backfill/ pavement replacement/ restoration work has been completed and approved by the City. By no circumstance does this form/ permit relinquish the applicant/ contractor of any local building codes safety standards. Applicant/ Contractor is required to notify the Engineering Department 48 hours prior to construction start, and for final inspection.

City Engineer or Authorized Agent

Date