



City of Warson Woods

10015 MANCHESTER ROAD • WARSON WOODS, MISSOURI 63122-1825 • 314-965-3100 • 314-965-3102 FAX

RIGHT-OF-WAY EXCAVATION PERMIT APPLICATION

Submit completed form to Warson Woods City Hall during business hours (9:00 am – 12:00 pm; 1:00 pm-5:00 pm, M-F)

Excavation Company Name _____ General Contractor Name _____
 Excavation Company Street Address _____ Street Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Office Phone _____ Cell (on-site) _____ Phone _____ Cell Phone _____

Dates of Excavation _____ Date Application Submitted _____

Location of Excavation (street address) _____

Nearest Intersection _____

Type of work: In Earth In Sidewalk In Pavement Residential driveway apron
 Electric Gas Water Sewer Other (specify) _____

Purpose of Excavation _____

Date and Time of Utility Location Notification (800-DIG-RITE) _____

Name & Phone Number (printed) _____ Signed _____

General Requirements:

- All work shall be performed in accordance with all City of Warson Woods Specifications (attached).
- Applicant shall call Missouri One-Call (1-800-344-7483) prior to commencing any work.

Sketch of Excavation Site. Please provide hand drawn sketch on separate sheet showing approximate limits of excavation, what work will be performed and location (in the street) of such work. Please show streets, sidewalks, residences, and other nearby significant features.

Pursuant to Section 500.120 of the Warson Woods Code, the application shall include the following:

Bond or cash escrow in an amount equal to twice the estimated cost of the work or construction.+++

Bond (surety or bond or indemnity agreement)

Escrow / Letter of Credit

Applicant shall also provide proof of insurance (Comprehensive General Liability and Bodily Injury)

Applicant hereby agrees:

To be bound by the terms of Section 500.120 and other applicable sections of the Warson Woods Code and to such conditions as may be prescribed by the City, upon the advice of the City Engineer, as to lights and barricades, the time within which the opening is to be filled and the surface restored and for notice thereof, and to repair as required during the one (1) year period allowed herein. If the opening is not closed within the time established, the applicant shall pay the sum of one hundred dollars (\$100.00) per day as liquidated damages and not as a penalty to be deducted from the deposit if sufficient.

To be responsible for any damage to the City Right-of-Way, including but not limited to, streets, sidewalks, lawn areas and utilities.

I am authorized by the Applicant to sign on his/her/its behalf and have read this application in its entirety. The information contained herein is true and correct and complete to the best of my knowledge, information, and belief.

Signature of Applicant

Date

Print Name

City Use Only

Right-of-Way Permit: Approved Conditionally Approved Disapproved

Comments/Conditions:

City Engineer or City Clerk for City Engineer

Date

Warson Woods Permit Number: _____

Date Issued: _____

Expiration Date: _____