



STREET OPENING

PERMIT

CITY OF SUGAR CREEK MISSOURI



# RIGHT-OF-WAY PERMIT

## City of Sugar Creek, Missouri

CITY HALL  
103 S STERLING AVE.  
SUGAR CREEK, MO  
PHONE: 816-252-4413 – FAX: 816-252-7082

DEPARTMENT OF PUBLIC WORKS  
11104 LAKE ST  
SUGAR CREEK, MO 64054  
PHONE: 816-252-4413 – FAX: 816-252-8843

Date Applied: \_\_\_\_\_ Job Start Date: \_\_\_\_\_

Name of Applicant or Company: \_\_\_\_\_

Address of Applicant or Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Job Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

Size of excavation in pavement: \_\_\_\_\_

Size of excavation out of pavement: \_\_\_\_\_

Set of Plans or Drawings of Job: Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

AMOUNT OF DEPOSIT IN PAVEMENT (\$200.00 SQ. YD.):	
AMOUNT OF DEPOSIT OUT OF PAVEMENT (\$100.00 SQ. YD.):	
TOTAL AMOUNT OF DEPOSIT:	
AMOUNT FOR WATER TAP FEE (\$100.00 EA.):	
AMOUNT FOR SEWER TAP FEE (\$50.00 EA.):	
TOTAL AMOUNT OF FEE:	
AMOUNT OF NONREFUNDABLE FEE:	\$50.00
TOTAL COST INCLUDES DEPOSIT AND FEES:	

COMMENTS: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

DIRECTOR OF PUBLIC WORKS

PUBLIC WORKS USE ONLY

TAP MADE BY: \_\_\_\_\_ DATE: \_\_\_\_\_

HOOKUP INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PATCH INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL MEASUREMENT OF PATCH: \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

AMOUNT OF FUND (IF ANY): \_\_\_\_\_ AMOUNT DUE (IF ANY) \$ \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY HALL USE ONLY

WATER TAP OR SEWER PERMIT PURCHASED:

DATE. \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

REFUND (IF ANY): \$ \_\_\_\_\_ DUE (IF ANY) \$ \_\_\_\_\_

## **INSURANCE REQUIREMENTS**

Our city is a member of the Midwest Public Risk. This trust require our city to adhere to the following insurance requirements for individuals or organizations using city facilities or subcontractors providing a service to our city.

Item 1 – All organizations or individuals using city facilities must have a liability policy with a minimum limit of \$ 2,000,000 combined single limit for bodily injury and property damage, provide the city a Certificate of Insurance providing such, and naming the city as an additional named insured on the policy. If the individuals or organizations using city facilities have employees working for them, while using the city facilities, the individuals or organizations are then required to provide a Certificate of Insurance giving proof of worker’s compensation coverage.

Item 2 – Subcontractors providing service to the city must Worker’s Compensation, including statutory employer liability insurance; Comprehensive general liability insurance and Comprehensive Automobile Liability Insurance with minimum limits of \$409,123 per person and \$2,727,489 per occurrence. This policy must include owned, hired and non-owned autos. Also, the subcontractor is required to provide the city with a Certificate of Insurance proving such, and naming the city as an additional named insured.

These are the minimum insurance requirements; the city has the right to alter the required limits of liability, if it is deemed necessary to do so.

Item 3 – Under this paragraph:

Description of Operations / Locations / Vehicles / Special Items  
Should say:

**CITY OF SUGAR CREEK IS ADDITIONAL INSURED or**

**CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED**

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/15/2009

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A: <b>Employers Mutual Casualty Insurance</b>	21415
	INSURER B: <b>Bridgefield Casualty Insurance Co-MS</b>	
	INSURER C: <b>Federal Insurance Company</b>	
	INSURER D:	
	INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  <b>1000 Ded.</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3X3610610	06/15/09	06/15/10	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$100,000</b> MED EXP (Any one person) <b>\$5,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b>
A		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	3X3610610	06/15/09	06/15/10	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	X	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION <b>\$ 10000</b>	3X3610610	06/15/09	06/15/10	EACH OCCURRENCE <b>\$2,000,000</b> AGGREGATE <b>\$2,000,000</b> \$ \$ \$
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	019902642	06/15/09	06/15/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT <b>\$1,000,000</b> E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b> E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>
C		<b>OTHER Contractors</b> <b>Equipemtn - Hired</b> <b>Leased rented Equ</b>	45464777	06/15/09	06/15/10	<b>200,000 Limit</b> <b>1,000 Ded.</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

GI Includes Blanket Additional Insured when required by written contract.

**CITY OF SUGAR CREEK IS ADDITIONAL INSURED**

**CERTIFICATE HOLDER**

City of Sugar Creek  
 Dept of Public Works  
 11104 East Lake St.  
 Sugar Creek, MO 64054

**CANCELLATION**

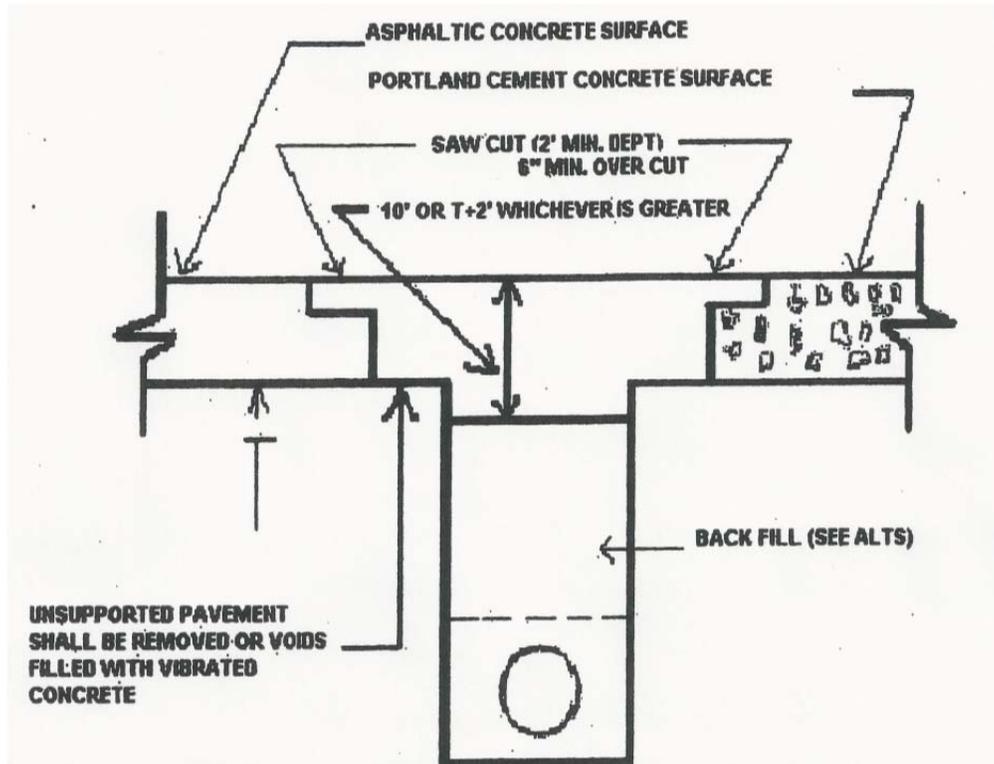
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*[Signature]*

2.

## STREET CUT RESTORATION



## TYPICAL SECTION - IMPROVED STREETS

NOT TO SCALE

1. IMPROVED STREETS
  - MAY INCLUDE CURBS. AND OR 4" OR MORE OF PAVED SURFACE. VERTICAL SAW CUT ALL EXISTING PAVEMENT IMMEDIATELY PRIOR TO RESTORATION.
  - RECTANGULAR CUTS SHALL BE PARALLEL TO THE TRENCH WITH. CORNER ANGLES NOT LESS THAN 90 0
  - WHERE ANY PAVEMENT CUT IS WITHIN 3 FEET OF ANY EXISTING JOINT, ALL PAVEMENT SHALL BE REMOVED TO THE JOINT.
2. UNIMPROVED STREETS
  - NO CURBS, AND LESS THAN 4 " OF PAVED SURFACE.
  - ALL ASPHALTIC OR OILED SURFACES SHALL BE RESTORED WITH 8" OF CRUSHED ROCK BASE, PRIMED, AND SURFACED WITH 2" OF ASPHALTIC CONCRETE SURFACE.

3. OTHER PORTIONS OF STREET RIGHT-OF-WAY OR AREAS ADJACENT TO PAVEMENT
  - SHALL BE RESTORED IN KIND.
  - ALL REMOVED OR UNDERCUT SIDEWALK, DRIVEWAY AND CURBING SHALL BE REPLACED IN ACCORDANCE WITH APPLICABLE STANDARDS.
  - THE BACKFILL IN ALL OTHER AREAS OF RIGHT OF WAY OR AREAS WITHIN 10 FEET OF PAVEMENT SHALL BE COMPACTED TO A MINIMUM OF 80 DENSITY. TESTS WILL BE REQUIRED AND FURNISHED BY THE PERMITEE.
  
4. ALTERNATE
  - ROCK FOR BACKFILL SHALL CONSIST OF CLEAN AGGREGATE, MANIPULATED AND COMPACTED TO ESTABLISH A FIRM INTERLOCK OF PARTICLES.
  - SOIL OR CRUSHER RUN ROCK, FREE OF DEBRIS AND DELETERIOUS MATERIAL MAY BE USED WHEN COMPACTED TO A MINIMUM OF 90 DENSITY. THE APPROPRIATE IN-PLACE DENSITY TESTS WILL, BE REQUIRED AND FURNISHED BY THE PERMITEE.
  
5. ALL CUTS
  - SHALL BE EITHER PLATED OR FILLED WITH COLD MIX AS TEMPORARY SURFACE IF FINAL SURFACE CANNOT BE INSTALLED.
  
6. UTILITIES
  - PERMITEE SHALL NOTIFY ALL UTILITIES IN ACCORDANCE WITH STATE LAW. (MISSOURI ONE CALL 1-800-344-7483)
  
7. OBSTRUCTION OF THRU LANES.
  - WHEN THRU LANES OF TRAFFIC ARE OBSTRUCTED. THE PERMITEE SHALL BE RESPONSIBLE FOR THE APPROPRIATE SIGNING, EMERGENCY LIGHTING AND BARRICADES. THE SIGNING, EMERGENCY LIGHTING AND BARRICADES SHALL BE IN ACCORDANCE WITH THE M.U.T.C.D. MANUAL, AND SHALL BE MAINTAINED BY THE PERMITEE DURING THE TERM OF THE STREET OPENING PERMIT TO ALLOW THE SAFE USE OF THE PUBLIC RIGHT- OF-WAY, PEDESTRIANS, AND MOTOR VEHICLE TRAFFIC.
  
8. STREET CLOSING
  - PRIOR TO CLOSING A PUBLIC RIGHT OF WAY THE PERMITEE SHALL CONTACT THE DIRECTOR OF PUBLIC WORKS.
  
9. CLEANUP
  - IN A MANNER THAT RESTORE THE SURFACE TO ITS ORIGINAL CONDITION. ALL EXCESS MATERIAL, DEBRIS, MUD OR OTHER FOREIGN MATERIAL SHALL BE REMOVED FROM THE STREET RIGHT-OF-WAY

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT

Public Works Department  
11104 Lake Street  
Sugar Creek Mo. 64054  
Phone: (816) 252-4413  
Fax: (816) 252-8843



Hours 7:00 a.m. To 3:30 p.m.

Ed Layton, Public Works Director (816) 252-4413 (Ext. 303)  
elayton@sugar-creek.mo.us

Bill Mikula, Superintendent of Operations - (816) 252-4413 (Ext. 304)  
bmikula@sugar-creek.mo.us

Operator - (816) 252-4413 (Ext. 0)

OR

City Hall  
103 S. Sterling Ave.  
Sugar Creek MO 64054  
(816) 252-4400

Hours 9:00 a.m. To 5:00 p.m.

Paul Loving - Building Official- (816) 252-4400 (Ext. 122)  
p Loving@sugar-creek.mo.us

Ronald P. Martinovich - City Administrator - (816) 252-4400 (Ext. 131)  
ronm@sugar-creek.mo.us