

**Application for Right-of-Way Permit**  
City of De Soto, Kansas

Project Information	Owner/Contractor Information
Date of Application:	Owner's Name:
Location of Proposed Project:	Owner's Address:
Type of work (i.e., utility, street, sidewalk, alley):	Owner's Phone Number:
Reason for Excavation:	Contractor's Name:
Estimated Project Length (ft):	Contractor's Address:
Estimated Value of Restoration:	Contractor's Phone Number:
Proposed Start Date:	JoCo Contractors License # (if applicable)
Estimated Completion Date:	New Single Family Residence Exemption:

Certification
<b>The applicant hereby certifies and agrees as follows:</b>
<p>I hereby acknowledge, if the ROW/Excavation Permit is granted; (1) I assume all liability pertaining to this excavation and agree to maintain for two(2) years a Performance and Maintenance Bond with the City (if required). (2) I further bind myself to comply with all Building Codes and ordinances governing material, installation, repair or alteration of utilities. (3) I further agree to indemnify the City of De Soto for and hold it harmless from any cost or liabilities arising from the excavation identified above or any actions connected therewith. (4) I further acknowledge my responsibility and liability to notify all utility companies in advance of excavating and assume all liability for damage to all known and unknown utilities by this excavation. (5) I specifically indemnify the City for and hold it harmless from any liabilities to utility companies caused by this excavation. (6) The permittee shall notify the City no less than three (3) working days in advance of any construction, repair, relocation of facilities which would require any street closure or which reduces traffic flow to less than two (2) lanes of moving traffic for more than four (4) hours.</p>
Signature of Agent/Owner or Contractor:
Date:

For Official Use Only	
Issued by:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Project Start Date:	Street Closure Required:Date/Time:
Backfill Inspection Date:	Addl. Inspection/Excavation Fees Required:
Method of backfill:	Addl. City Restoration Costs Req'd. on Completion:
Closeout Inspection Date:	Copy of Liability Ins. Cert. on File:
Date of Completion/Bond Start Date:	Copy of Perf./Maint. Bond/(\$ ) Amount on File:
ROW PERMIT #:	Total Permit Fee: