



**STREET OPENING PERMIT / RIGHT-OF-WAY
PERMIT**

CITY OF SUGAR CREEK MISSOURI



RIGHT OF WAY PERMIT/STREET OPENING PERMIT

City of Sugar Creek, Missouri

FOR OFFICE USE ONLY

RECEIVED	DATE
REVIEWED BY	
APPROVED	DATE
DEPOSIT/FEE	\$
REFUND	DATE

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: _____

Job Site Address: _____

City: _____ State: _____ Zip: _____

Name of Property Owner: _____

Address of Property Owner: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell Number: (____) _____

Name of Applicant or Company: _____

Address of Applicant or Company: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

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 DATE

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:	

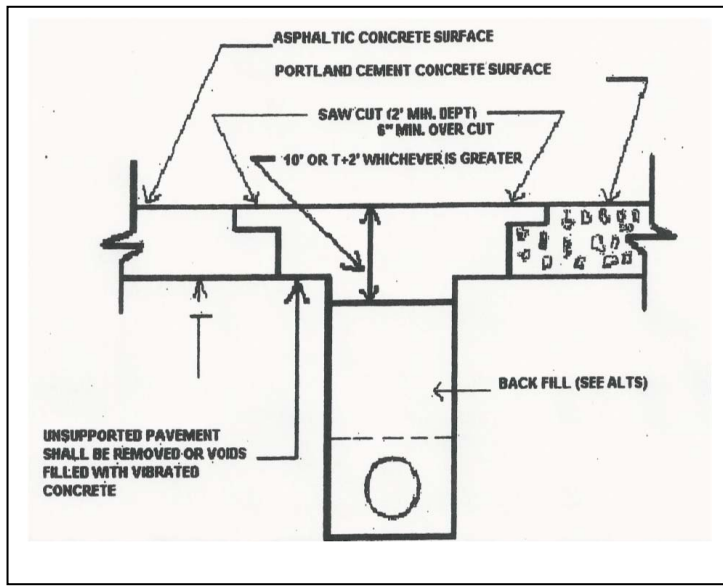
COMMENTS:

AUTHORIZED BY:

DIRECTOR OF PUBLIC WORKS OR AUTHORIZED REPRESENTATIVE

REIMBURSEMENT MUST BE REQUESTED IN WRITING BY EMAILING BEN HEDRICK, BHEDRICK@SUGAR-CREEK.MO.US AND SUE MIKULA AT SMIKULA@SUGAR-CREEK.MO.US

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) \$ _____



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° - 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 RIGHT-OF-WAY CURBING SHALL BE REPLACED IN ACCORDANCE WITH OR AREAS 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	• PERMITTEE 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 OF THRU PERMITEE SHALL BE RESPONSIBLE FOR THE APPROPRIATE LANES. 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 PUBIC RIGHT- OF-WAY, PEDESTRIANS, AND MOTOR VEHICLE TRAFFIC
8	STREET CLOSING	• PRIOR TO CLOSING A PUBLIC RIGHT OF WAY THE PERMITEE CLOSING 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

INSURANCE REQUIREMENTS

Our city is a member of the Midwest Public Risk. Our insurance requires 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 (including streets and right of ways) 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 \$420,606 per person and \$2,804,046 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



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.

Ben Hedrick; - Public Works Director (816) 252-4413 (Ext. 1328)

bhedrick@sugar-creek.mo.us

OR James Nauser III – Assistant Public Works Dir. (816)252-4413 (ext.1136)

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

City Hall 103 S. Sterling Ave. Sugar Creek MO 64054

(816) 252-4400

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

Ed Cary - Building Official- (816) 252-4400 (Ext. 1122),

ecary@sugar-creek.mo.us

REIMBURSEMENT MUST BE REQUESTED IN WRITING BY EMAILING BEN HEDRICK, BHEDRICK@SUGAR-CREEK.MO.US AND SUE MIKULA AT SMIKULA@SUGAR-CREEK.MO.US



DUPRTES-01 JERPELDING

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER I	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED E	INSURER(S) AFFORDING COVERAGE	
	INSURER A	
	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Professional Liab. ☒ Pollution Liab. GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:	X		06GL914001	02/18/2016	02/18/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS			4X87056-17	02/18/2016	02/18/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			04XS194576	02/18/2016	02/18/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	AVWCMO2469102016	02/18/2016	02/18/2017	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Excess of Umbrella			0100030690-1	02/18/2016	02/18/2017	Each Occurrence 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Corporate Officers are Excluded from Workers Compensation.

Additional Insured on General Liability in favor of City of Sugar Creek, Missouri per Form CG2026

CERTIFICATE HOLDER

CANCELLATION

City of Sugar Creek 11104 Lake Street Sugar Creek, MO 64054	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2014/01)

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