



Permit for Irrigation System and Backflow Prevention Device

Instructions: TYPE OR PRINT CLEARLY, USE BLACK OR BLUE INK – NO PENCIL

Applicant shall fill out all sections. This permit will not be processed if all information is not provided. Please read all conditions on this application before signing. The property owner and/or licensed contractor must sign and date the application. If not applicable, please write N/A (do not leave blank). When filling out addresses, please include St, Ave, Rd., Dr., etc. and zip code. A separate permit application with attached map is required for each irrigation system and backflow device.

Conditions

- The proposed work must be done in accordance with the adopted codes or other ordinances of this jurisdiction.
- This permit becomes null and void if work or construction authorized is not completed within 30 days.
- Backflow Prevention Device is required to be tested by a Certified Backflow Prevention Technician/Plumber on an annual basis.

SECTION ONE

Date of Application: _____ Permit Number: _____

Permit Expiration Date: _____

SECTION TWO

CONTACT INFORMATION

APPLICANT: _____ Contact Name: _____

Telephone #: _____ Cell #: _____ Fax #: _____

Address: _____ City, State, Zip: _____

Email: _____

CONTRACTOR: _____ Contact Name: _____

Telephone #: _____ Cell #: _____ Fax #: _____

Address: _____ City, State, Zip: _____

Email: _____

RESIDENT OWNER: _____ Contact Name: _____

Telephone #: _____ Cell #: _____ Fax #: _____

Address: _____ City, State, Zip: _____

Email: _____

SECTION THREE

SITE INFORMATION

Permit Location and/or Street Address: _____ Lot Number: _____

Subdivision Name: _____

Purpose/Description of Work: Repair _____ Replacement _____ New Installation _____

Other _____

Installation Method: Open Cut _____ Tunneling/Boring _____ Other _____

Type of Equipment: _____

Estimated Start Date: _____ Estimated Completion Date: _____

SECTION FOUR

SIGNATURES

APPLICANT

I understand and agree that as a condition to the issuance of this permit the permittee shall agree to defend, indemnify, and hold harmless the City, its officers, employees, and agents, from any and all suits, claims, or liabilities caused by or arising out of any use authorized by any such permit.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction and that I make this statement under penalty or perjury.

Signature: _____

Printed Name: _____

Date: _____

PUBLIC WORKS OFFICIAL

PERMIT COST: _____

Signature: _____

Printed Name: _____

Date: _____



711 Main Street
Grain Valley, MO 64029
816.847.6220
816.847.6206 fax
www.cityofgrainvalley.org

Permit for Work on City Right-Of-Way, City Easement & City Property

PLEASE FILL OUT USING BLACK OR BLUE INK ONLY

SECTION ONE

Date of Application: _____ Permit Number: _____ Missouri One Call Ticket Number: _____

Bond on File: YES NO Cert. of Insurance on File: YES NO Permit Est. Required: YES NO

Est. Cost of Construction: _____

Permit Type: Water Gas Wastewater Water/Sewer CATV Electric Communications
Driveway Other _____

Permit Expiration Date: _____

SECTION TWO CONTACT INFORMATION

APPLICANT: _____ Contact Name: _____

Telephone #: _____ Cell #: _____ Fax #: _____

Address: _____ City, State, Zip: _____

CONTRACTOR: _____ Contact Name: _____

Telephone #: _____ Cell #: _____ Fax #: _____

Address: _____ City, State, Zip: _____

FACILITY OWNER: _____ Contact Name: _____

Telephone #: _____ Cell #: _____ Fax #: _____

Address: _____ City, State, Zip: _____

Bonding Company: _____ Bond Number: _____

SECTION THREE SITE INFORMATION

Permit Location and/or Street Address: _____ Parcel Number: _____

Subdivision Name: _____

Purpose/Description of Work: Repair Replacement New Installation
Other _____

Installation Method: Open Cut Tunneling/Boring Other _____

Type of Equipment: _____

Affected Area: Pavement Grass Curb Sidewalk Driveway

Potholes/Spot Holes in Pavement Service Connection Across Street

If a Street Cut, Length and Width of the Cut: _____

Start Date: _____ Completion Date: _____

Total Disturbed Area: _____ Sq. Ft. Acres

SECTION FOUR SIGNATURES

APPLICANT

I understand and agree to the terms and conditions stated in the Right of Way Permit Conditions. As a condition to the issuance of any permit under chapter 505.080, the permittee shall agree to defend, indemnify, and hold harmless the City, its officers, employees, and agents, from any and all suits, claims, or liabilities caused by or arising out of any use authorized by any such permit.

Signature: _____

Printed Name: _____

Date: _____

PUBLIC WORKS OFFICIAL

PERMIT COST: _____

Signature: _____

Printed Name: _____

Date: _____