



**RIGHT-OF-WAY / EXCAVATION PERMIT APPLICATION**  
**CITY of CAPE GIRARDEAU**

DEVELOPMENT SERVICES DEPARTMENT, 401 INDEPENDENCE ST, CAPE GIRARDEAU, MO 63703 (573) 339-6327

**Project Title**

**Property Address/Intersection**

**Project Description (Include drawing indicating traffic management plan, if applicable)**

Distance to Nearest Intersection	Pavement/Sidewalk Cut Required	Dimensions of Pavement/Sidewalk Cut
----------------------------------	--------------------------------	-------------------------------------

**Responsible Person**

**Contact Information for Billing**

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email/fax \_\_\_\_\_

Telephone \_\_\_\_\_ Email/fax \_\_\_\_\_

**Contractor's Name**

**Design Professional of Record's Name**

Contractor's Business Name \_\_\_\_\_

Design Professional of Record's Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email/fax \_\_\_\_\_

Telephone \_\_\_\_\_ Email/fax \_\_\_\_\_

License Number \_\_\_\_\_

License Number \_\_\_\_\_

**CERTIFICATION**

I CERTIFY THAT I AM THE OWNER IN FEE OR AGENT AUTHORIZED TO APPLY FOR THIS RIGHT-OF-WAY/EXCAVATION PERMIT. I UNDERSTAND THAT THE SUBMITTAL OF INCOMPLETE INFORMATION OR FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY RESULT IN THE DELAY OF REVIEW AND PERMIT APPROVAL. I HAVE READ THE APPLICATION AND INFORMATION SHEET AND I FULLY COMPREHEND THE INFORMATION.

\_\_\_\_\_  
 Owner/Agent Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Owner/Agent Printed Name

**OFFICE USE ONLY**

Date Received \_\_\_\_\_

Munis App# \_\_\_\_\_

<b>EG</b> _____
-----------------

Traffic Control Plan approved \_\_\_\_\_

**CITY OF CAPE GIRARDEAU  
RIGHT-OF-WAY/EXCAVATION PERMIT APPLICATION  
INFORMATION SHEET**

Submit the following items to the Development Services Department for review:

1. Right-of-way/Excavation Permit Application
2. Traffic control plan, indicating location of work, location of detour signage or other signage, content of each sign, and timeframe estimate of when right-of-way will be closed.

Once the traffic control plan is approved, allow minimum three (3) business days for a press release before starting work.

Plans submitted shall detail complete compliance with City of Cape Girardeau Engineering Specifications.

Submittals are subject to a minimum five (5) business days review process. Plan Review will not begin before the completed permit application form and other required documents are submitted.

The contractor is responsible for notifying property owners affected by the right-of-way closure, emergency personnel (including police, fire and ambulance) and schools.

All driveway and excavation permits for State Highways, i.e. Routes K and W, Highways 61, 177 and 74, shall be obtained from the Missouri Department of Transportation: (573) 472-5389.

Inspections:

Several inspections are required, depending on the type of work:

Street/sidewalk: contact Carl Pease, (573)339-6783, to verify subgrade depth and reinforcement before pavement is installed, and again after pavement is installed.

Water and Sewer main extensions or repair: contact Engineering, (573)339-6327

Laterals or service connections: contact Inspection Services, (573)339-6327