



CITY OF KANSAS CITY, MISSOURI

**Public Works Department, Streets Traffic Division
5th Floor, City Hall, 414 East 12th Street**

Kansas City, MO 64106 Tel: (816) 513-2679 or (816) 513-2646 Fax: (816) 513-2715

APPLICATION FOR TRAFFIC CONTROL PERMIT

APPLICATION Name: _____ **Title:** _____

COMPANY Name: _____ **Cell:** _____

Address: _____ **Phone:** _____

City/State/Zip: _____ **Fax:** _____

Dates Closed _____ **Hours Closed:** _____
Start Date end date

I would like to have a permit for the following street and which lane or lanes: _____

Do you want to close a sidewalk?: _____

Do you want to close the street? _____ **Do you want to close traffic in one direction?** _____

What are the boundaries of your closure? _____

What is this traffic control permit for? _____

Proposed detour route (only applies to full closures in any direction): _____

Is this a renewal of an old permit? _____ **What is the old permit number?** _____

Other Comments: _____

CERTIFICATION BY APPLICANT

I certify that I have read, have understood and will comply with the requirements of the Application for Traffic Control Permit on this form, and that all information provided in connection with this application is true.

APPLICANT'S SIGNATURE _____ **DATE** _____