



100 Municipal Circle  
Raymore, MO 64083

Phone: 816-331-1803  
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## ACCESSORY UTILITY FACILITY PERMIT APPLICATION

Permit Number: \_\_\_\_\_ Facility Address: \_\_\_\_\_

### APPLICANT INFORMATION

Utility Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### LOCATION INFORMATION

Property Address or General Location: \_\_\_\_\_

Attach a drawing of the property showing the proposed location of the facility. Include dimensions from any roads, driveways, sidewalks, or structures in the immediate vicinity of the proposed facility. Include any associated improvements, such as access driveways, on the plan.

### FACILITY INFORMATION

Type of Work:     New Facility     Expansion of Existing Facility     Replacement of Existing Facility

Facility Type (cabinet, pedestal, etc): \_\_\_\_\_

Height: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Color: \_\_\_\_\_

The applicant acknowledges that at least 48 hours prior to the installation, replacement, or expansion of any facility, or prior to any excavation work, **the facility owner must send notice of the work to the property owner.** The notice must include a detailed description of the work to be done, the exact location of the work, the time and duration when the work will be undertaken, the name and telephone number of the facility owner, and if applicable, the name and telephone number of the facility owner's contractor.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

**Zoning:**  'R-3' or 'C'  Other: \_\_\_\_\_

**Subdivision/Site Plan:** \_\_\_\_\_

**Location:**  Front Yard  Side Yard  Rear Yard  ROW **Sight Triangle?**  Yes  No

**Landscaping Required?**  Yes  No  Approved Plan on File: \_\_\_\_\_  Approved Plan Attached

**Notes:** \_\_\_\_\_

**APPROVED**  **DENIED**

**Planner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_