

#### CITY OF PARKVILLE · 8880 Clark Avenue · Parkville, MO 64152 · (816) 741-7676 · FAX (816) 741-0013

# **ROW / DUMPSTER PERMIT**

This document allows the permit holder to use Parkville's street right-of-way as described below subject to compliance with all requirements of the Parkville Municipal Code. A copy of this permit, associated terms and conditions and plans and specifications, if any, must be available for inspection on site.

### 1. Applicant Information

Name:	
Address:	
City, State, Zip:	
Phone Number:	
2. Approved Use / Work	
This document allows	(Company Name)
to place a dumpster in the location of	(Location)

The dumpster is required to have the proper protection and must follow traffic control standards.

## 3. Duration of Permit

Name/Title:

Dumpster permits are permitted for a maximum of 15 day period.

The Dumpster will be placed on \_\_\_\_\_\_ (start date)

The Dumpster will be removed no later than \_\_\_\_\_ (end date)

## 5. Acknowledgment & Acceptance

I, the undersigned, confirm that I am the permit holder or their duly authorized agent. I acknowledge by my signature below that: use of or work within the Parkville street right-of-way is subject to the Parkville Municipal Code and the terms and conditions of this permit; I have read and understand the provisions of this permit and agree that I, my contractors and agents will abide by and comply with such; and any violations shall be cause for the retraction of this permit, corrective measures at the cost of the permit holder, issuance of fines and/or pursuit of civil remedies as may be applicable.

Signature:		Date:
For City Use Only		
Approved by:		
Public Works Representative:		Date:
Application Fee (25.0004): \$	By: □ Check #	□ MO#
Accepted by:	Credit Card	□ Cash