



Development Services Division  
 620 SE Madison, Unit 6  
 Topeka, Ks, 66607  
 Phone: (785) 368-3704  
 Fax: (785) 368-1650

**TEMPORARY USE OF STREET OR SIDEWALK RIGHT-OF-WAY PERMIT APPLICATION**

DATE: \_\_\_\_\_

Development Services – Application #: \_\_\_\_\_ Permit fee: \$ \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Request is for: \_\_\_\_\_ Days or \_\_\_\_\_ Months

Address of proposed use location: \_\_\_\_\_

LINEAL FEET TO BE USED: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

I am the:

\_\_\_ Property Owner

\_\_\_ Contractor

\_\_\_ Other: \_\_\_\_\_

Employee of:

\_\_\_ Owner

\_\_\_ Contractor

\_\_\_ Elevator Contractor

\_\_\_ Other

**Property Owner:**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Contractor - required to be licensed with the City of Topeka:**

Company name: \_\_\_\_\_

Contact/Phone: \_\_\_\_\_

City License#: \_\_\_\_\_

State License or

Registration: \_\_\_\_\_

**Architect/Engineer:**

Contact: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

This permit is good for a period of 10 working days. If additional time is required, submit a request upon application or you must resubmit application and site location for the additional time. Additional fees will apply

**A site plan showing the area which is to be used, a north arrow, width of use area and pedestrian & vehicle traffic control plan must be attached.**

Site	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Planning	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Traffic	Approved: _____	Date: _____	Disapproved: _____	Date: _____

Comments: \_\_\_\_\_