



**CITY OF KANSAS CITY, MISSOURI**  
**Public Works Department, Streets Traffic Division**  
**5<sup>th</sup> Floor, City Hall, 414 East 12<sup>th</sup> Street**  
**Kansas City, MO 64106 Tel: (816) 513-2679 or (816) 516-2646 Fax: (816) 513-2715**

**HAULING PERMIT APPLICATION**

Applicant Name \_\_\_\_\_

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

Title \_\_\_\_\_

Company Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Details: \_\_\_\_\_

Number of CU. YDS. \_\_\_\_\_

Work Site: \_\_\_\_\_

To: \_\_\_\_\_

Route: \_\_\_\_\_

Owner of Excavation Site: \_\_\_\_\_

Owner of Disposal Site: \_\_\_\_\_

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

What are you hauling? \_\_\_\_\_