SPECIAL USE
PERMIT REQUIREMENTS

The following items are required for a permit to be issued:

1. Written request for permit, identifying such things as the applicant=s name, address, phone, person authorized to sign.

2. Written description of permit needed, including location, time requested, type of installation, etc.

3. Detail drawing of materials and methods to be used in installation, including horizontal and vertical dimensions of anything within the County’s roadway easement/right of way.

4. Certificate of insurance that meets the requirements set forth in the County policy.

5. Written agreement to remove anything within the County’s roadway easement/right of way upon expiration of permit or termination of permit by County.

INDEMNIFICATION AND INSURANCE

The permittee agrees to indemnify and hold harmless the County from all claims, and suits for loss of or damage to property, including loss of use thereof, or injuries, including death, to persons, and from all judgments recovered therefore, and from all expense in defending said claims, or suits, including court costs, attorney fees and other expense, caused by any act or omission of the permittee and/or his respective agents, servants and employees, and not caused by the sole fault or negligence of the County and/or their respective agents, servants or employees.

Without limiting its liability under this permit, the permittee shall procure and maintain at his expense during the life of this permit, insurance of the types and in the minimum amounts stated as follows:

a. Worker’s Compensation Insurance in full compliance with the Worker's Compensation Act of the State of Missouri and Employers' Liability coverage in the amount of $100,000.

b. Comprehensive General Liability
   Bodily Injury, Including Death $1,000,000 each occurrence
   Property Damage $300,000 each occurrence
                        $300,000 aggregate
The comprehensive general liability policy shall provide coverage for injury to or destruction of wires, conduits, pipes, mains and sewers and other property under the surface of the ground.

The policy shall name the County as additional named insured and a duplicate copy of the policy shall be furnished to the County.

Said insurance shall be written by a company or companies licensed to do business in the State of Missouri and satisfactory to the County. Before commencing any work hereunder, certificates evidencing the maintenance of said insurance shall be furnished to the County and shall contain the following statement:

The insurance evidenced by this Certificate will not be canceled or altered except after ten (10) days from receipt by the County of written notice thereof.

Any subcontractor of the permittee shall be required to procure and maintain during the life of the subcontract the insurance required of permittee, hereunder and comply with the provisions of this article.
JEFFERSON COUNTY PUBLIC WORKS
SPECIAL USE PERMIT REVIEW FORM

Permit No. ________________  Date ________________

Applicant Name(s): __________________________________________________

Name of Group (if applicable): __________________________________________

Address: ___________________________________________________________

City / State / Zip Code: ______________________ / _____ / ____________

Phone No. (__ _)___________ HWC / Phone No. (___)____________HWC

Reason for Permit: ___________________________________________________

_________________________________________________________________

Area for Permit: _____________________________________________________

Date(s) for Permit: __________________________________________________

Proof of Insurance: ☐ Yes ☐ No

Name of Insurance: __________________________ Expiration Date: __________

☐ Permit Issued: Date of issue: _____________________

☐ Permit Denied: Reason(s) for denial: _________________________________

_________________________________________________________________

☐ More information needed: __________________________________________

_________________________________________________________________

_________________________________________________________________

Signature of Applicant: _____________________________________________

County Representative: _____________________________________________