



PROCEDURE FOR INSTALLING

IRRIGATION SYSTEM

IRRIGATION SYSTEM NOT IN RIGHT-OF-WAY

1. Contractors must obtain an occupation license in the City of Liberty.
2. Apply for a building permit. A fee will be charged for the permit.
3. Call for inspection of backflow device after installation is complete.
4. Backflow inspection report due June 1st annually.

IRRIGATION SYSTEM IN THE RIGHT-OF-WAY

1. Landowner completes an Application for Lawn Sprinkler System Permit. A separate **Release For Lawn Sprinkler System** waiver needs to be signed and notarized by each person on the deed.
2. A right-of-way permit is required from the Engineering Department. A fee is charged for this permit.
3. Contractors must obtain an occupation license in the City of Liberty.
4. Call for inspection of backflow device.
5. Attached Backflow Report must be filled out and forwarded to the City of Liberty.
6. Backflow inspection report due on June 1st annually.

This information is based on Ordinance #10013 passed January 28, 2013

**RELEASE FOR LAWN SPRINKLER SYSTEM
IN THE CITY OF LIBERTY RIGHT OF WAY**

In consideration for permission by the City of Liberty, Missouri to extend a Lawn Irrigation System into the City's right of way at (legal description of the property):

Plat Title: _____ Lot No: _____

Address: _____ City: _____ State: _____

I, _____, the lawful property owner, undersigned, successors, and assigns do hereby release and forever discharge the City of Liberty Missouri, it's employees and /or agents from and against any and all liability, claims and demands for any use arising out of, relating to, or being in any way connected with work or service by the City, it's employees, agents, licensees and permittees within the City's right of way for any purpose whatsoever.

NOW THEREFORE, the Undersigned hereby declares that said property described above shall be held, sold and conveyed subject to the release herein and said release shall run with the real property and be binding on all parties having any part thereof, their heirs, successors and assigns.

IN WITNESS WHEREOF, this release has been read, signed and sealed this _____ Day of _____, 20 __.

By: _____ Printed or Typed Name _____

By: _____ Printed or Typed Name _____

INDIVIDUAL ACKNOWLEDGMENT

STATE OF MISSOURI
COUNTY OF _____

ON THIS, The _____ day of _____, 20 __, before me, a Notary Public, personally appeared:

Proved to me on this basis of satisfactory evidence to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged that he/she they executed the same for the purposes stated there in and no other.

WITNESS my hand and official seal in the County and State aforesaid, the day and year first above written.

/s/ _____
Notary Public Signature

My Commission Expires: _____

The City of



BUILDING PERMIT APPLICATION
Type of Permit

_____ Single Family*
_____ Commercial**
_____ Sewer Tap
_____ Water Tap

_____ Plumbing only
_____ Electrical only
_____ Mechanical only
_____ Other

_____ Sign
_____ Roofing
_____ Mobile Home
_____ Fire Sprinkler

Construction Information

Job Address: _____

Project Name: _____

Subdivision: _____ Lot #: _____ Block #: _____

Occupancy Group: _____ Occupant Load: _____ Type Construction: _____ Property Zoning: _____

Applicant: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Square Footage of Structure: _____ Number of Stories: _____ Water Meter Size: _____

Description of work: _____

General Contractor: _____

Sub-Contractors

Plumber: _____

Electrician: _____

Mechanical: _____

Fire Sprinkler: _____

Cost Breakdown

Owner of Property: _____

Electrical Cost: _____

Plumbing Cost: _____

Mechanical Cost: _____

Construction Cost: _____

Total Project Cost: _____

NOTICE: DO NOT OCCUPY THIS BUILDING UNTIL FINAL INSPECTION HAS BEEN COMPLETED.

Having submitted the plans and specifications, if this permit is granted, I will comply with all the City Ordinances relating to the permit and pay all fees required. I will submit this work to the required inspections and prohibit the occupancy of any space until a Certificate of Occupancy has been obtained from the Chief Building Official.

If an applicant disagrees with any decision of the building official in the enforcement of the codes of Liberty, Missouri, the applicant has the right to submit an appeal. Procedures for submitting an appeal to the Board of Appeals are set forth in the City Code under Article VIII. Board of Appeals, Section 6-38 through 6-44. Article VIII. Board of Appeals is available upon the request from the Building Inspection Division, 3rd Floor, City Hall and is on the City's web-site at www.ci.liberty.mo.us.

AUTHORIZED BY

APPLICANT'S SIGNATURE

Print Name: _____

Date: _____



PERMIT FOR WORK ON RIGHT OF WAY
EASEMENT OR CITY PROPERTY

FAX WALK-IN

DATE OF APPLICATION

PERMIT LOCATION / OR STREET ADDRESS:

TYPE OF WORK - ALL APPLICATIONS SHALL INCLUDE A DRAWING DEPICTING THE WORK
WATER SANITARY SEWER COMMUNICATION/CATV GAS DRIVEWAY/SIDEWALK ELECTRICAL OTHER

PURPOSE
NEW REPAIR REPLACEMENT OTHER

AFFECTED AREA
STREET SURFACE AND/OR CURB STREET PLATE BRIDGING PERMIT OTHER

METHOD
OPEN CUT TUNNELING OR BORING BOTH MO ONE TICKET #

ESTIMATED START DATE ESTIMATED COMPLETION DATE
TRAFFIC CONTROL PLAN YES NO

OWNER/CONTACT INFORMATION (PLEASE PRINT)

APPLICANT TELEPHONE #
CONTACT NAME CELL #
ADDRESS FAX #
CITY, STATE, ZIP

CONTRACTOR (IF DIFFERENT THAN APPLICANT)

CONTRACTOR TELEPHONE #
CONTACT NAME CELL #
ADDRESS FAX #
CITY, STATE, ZIP

APPLICANT SIGNATURE REQUIRED

INFORMATION BY CITY ENGINEER OR AUTHORIZED REPRESENTATIVE
PERMIT FEE CITY OCCUPATIONAL LICENSE UP-TO-DATE YES NO
STREET PLATE BRIDGING FEE LIABILITY INSURANCE CERTIFICATE UP-TO-DATE YES NO
ADDITIONAL FEE (IF REQUIRED) 4-YEAR MAINTENANCE BOND OR DEPOSIT POSTED YES NO
PAID BILL TOTAL DRAWING INCLUDED YES NO
CITY ENGINEER OR AUTHORIZED AGENT

EXCAVATE AND/OR CONSTRUCT WITHIN PUBLIC RIGHT-OF-WAY CITY OF LIBERTY, MISSOURI - DEPARTMENT OF ENGINEERING SERVICES

Application is made under the terms of the Ordinances and Specifications of the City of Liberty, Missouri, governing excavation and/or construction within the public right-of-way, to accomplish the work herein below described. Applicant hereby agrees to perform said work and restoration of right-of-way in strict accordance with the provisions of said City Ordinances and Specifications and further agrees to satisfactorily repair any failure or damage within the right-of-way resulting from the excavation or construction covered under this application within four years thereafter.

AT THE COMPLETION OF CONSTRUCTION ALL UTILITY LOCATION MARKERS MUST BE REMOVED
THIS PERMIT EXPIRES IN 60 DAYS
UTILITY LOCATES

MISSOURI ONE CALL
1-800-344-7483
www.molcall.com

CITY OF LIBERTY
WATER/SANITARY (816) 439-4517
TRAFFIC SIGNALS (816) 439-4504



STATE OF MISSOURI
 MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH
BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER		CUSTOMER NUMBER		FILE NUMBER
MAILING ADDRESS				
SERVICE LOCATION				METER NUMBER
DATE OF TEST	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN.	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER
HEIGHT OFF FLOOR	PROTECTION FROM: FREEZING <input type="checkbox"/> YES <input type="checkbox"/> NO	FLOODING <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS:	NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO
INITIAL TEST REDUCED PRESSURE PRINCIPLE ASSEMBLY		Passed <input type="checkbox"/> Failed <input type="checkbox"/>	FINAL TEST AFTER REPAIR REDUCED PRESSURE PRINCIPLE ASSEMBLY:	
RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>	RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)	
2 nd CHECK held backpressure		<input type="checkbox"/> <input type="checkbox"/>	2 nd CHECK held backpressure	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/> <input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	
1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>	1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)	
DIFFERENCE (1 st check – relief _____ *PSID (3 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>	DIFFERENCE (1 st check – relief _____ *PSID (3 PSID or more)	
NOTE: Failure of any of the above items, requires repair.			*Pounds per Square Inch Differential	
INITIAL TEST DOUBLE CHECK VALVE ASSEMBLY:		Passed <input type="checkbox"/> Failed <input type="checkbox"/>	FINAL TEST AFTER REPAIR DOUBLE CHECK VALVE ASSEMBLY:	
1 st CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>	1 st CHECK held in direction of flow _____ PSID (1 PSID or more)	
2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>	2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)	
NOTE: Failure of any of the above items, requires repair.				
APPLICATION: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)	COMMENTS			
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE				
TESTED BY (PRINT)		(SIGNATURE)		PREPARED BY (PRINT)
				(SIGNATURE)
COMPANY			FINAL TEST BY (PRINT)	(SIGNATURE)
CERTIFICATION NUMBER AND EXPIRATION DATE		OWNER OR OWNER'S REPRESENTATIVE		DATE
Missouri State regulation 10 CSR 60-11.010(6) (E) requires testers to report results of tests and inspections to the customer and the water supplier.				