



## Departments of Public Works & KC Water

### Development Services

414 E 12<sup>th</sup> Street  
City Hall, 5<sup>th</sup> & 18th Floors  
Kansas City, Missouri 64106

### IB 159 PART B

816-513-2551  
Fax: 816-513-2548

**NOTE:** City does not regulate or review county, state or federally-owned projects when all work is confined within the property. Such projects are subject to city review and permit procedures only when work associated with the project is to be performed in the public right-of-way.

#### 1. Complete the following information:

Project Name:			
Project Address / General Location Description:			
Project Scope:	<input type="checkbox"/> Site Disturbance	<input type="checkbox"/> Public Grading	<input type="checkbox"/> Sanitary Sewer
<input type="checkbox"/> Streets	<input type="checkbox"/> Storm Sewer / Detention	<input type="checkbox"/> Stream Buffer	<input type="checkbox"/> Easement/Agreement
<input type="checkbox"/> Traffic Signal	<input type="checkbox"/> Street Lights (required if also submitting Streets)	<input type="checkbox"/> Other _____	
Parcel APN(s):			
Controlling Ordinance No./ CPC Case No. / DAT Case No.			
Any Relevant <a href="#">CompassKC</a> Plan Numbers:			

#### 2. Owner/Developer: (NOTE: All correspondence will be via e-mail.)

**Note:** The developer's name shall be the same as shown on KCMO Parcel Viewer. Where ownership is different, please provide a copy of the warranty deed. The plans, permittee, bonds, insurance, or other required forms for expeditious processing of review, permitting, and inspection shall also match. If this name changes during this process, please make sure you have notified QCR and the plan reviewer. Thank you.

Owner/Developer/Company Name:			
Contact:		Position:	
Address:			
City:		State:	Zip:
Phone:	Ext:	Fax:	E-mail:

#### 3. Missouri Registered Professional Engineer: (NOTE: All correspondence will be via e-mail.)

Missouri Registered Professional Engineer:			
Company Name:			
<b>NOTICE: ADDRESS/CONTACT INFORMATION IS NOT REQUIRED HERE IF THE ENGINEER IS ATTACHED AS A CONTACT ON COMPASSKC</b>			
Address:			
City:		State:	Zip:
Phone:	Ext:	Fax:	E-mail:

#### 4. Engineer's Certification:

I hereby certify that: <ul style="list-style-type: none"><li>I am a Missouri Registered Professional Engineer;</li><li>I have reviewed the most current IB 159 Checklist indicating the requirements for these plans to be minimally complete;</li><li>This submittal is complete for review of the work as described herein;</li><li>This submittal meets minimum requirements of the adopted APWA standards and other related codes, policies, standards and ordinances; and</li><li>I understand that omission of any required information will delay the plan review process.</li></ul>	
Certified By:	Date:
Print Name:	Missouri License Number: