

PUBLIC IMPROVEMENT PLAN (PIP) PROJECT REQUEST & TRACKING

Application Requirements

All application materials must be submitted in electronic format via email to: <u>MSO-EOD@Lawrenceks.org</u>.

If you are unable to provide the materials in electronic format, please contact MSO at 785-832-7800.

General Notes

Relevant Information

- MSO Technical Design Resources and Standards

 https://lawrenceks.org/mso/technical-resources/
- Development Procedure
 - https://lawrenceks.org/mso/development/



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Application Form – Contact Information (Pre-Design)

Form Notes

Submit completed form to <u>MSO-EOD@lawrenceks.org</u>. The assigned MSO Project Manager will review the application, provide initial comments (including clarifications of project scope), and assign a project number.

Design Engineer Information									
Contact Name(s)				Prir	mary Phone				
Company				Mo	bile Phone				
Street Address				Fax	(
City/State/Zip Code				E-№	1ail Address				
Property Owner	or Developer	Information							
Contact Name(s)				Prir	mary Phone				
Company				Mo	bile Phone				
Street Address				Fax	(
City/State/Zip Code				E-№	1ail Address				
Note: Developer will be the party responsible for payment of PIP Inspection Fees. See "Post-Construction" form and the <u>MSO</u> <u>Development</u> webpage for more information.									
Project Information									
Project Scope	□ Street	Pedestrian	□ Stormwat	ter	□ Water □] Sewer			
Project Schedule	Estimated Star	t Date:			Estimated Finish Da	ate:			
Project Description									
Signature									
I/We, the undersigned am/are the (owner(s)), (developer), (Circle One) of the aforementioned property. By execution of my/our signature, I/we do hereby officially apply for a Public Improvement Project as indicated above.									
Signature(s):									
	Sign	ature				Date			
Print Name				Date					



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Tracking Form – Pre-Construction

Form Notes

Submit completed form to MSO Project Manager and request a required Pre-Construction Meeting. Meeting may be coordinated with a Planning and Development Services meeting if appropriate. All required items must be submitted to and approved by the MSO Project Manager prior to the City issuing a Notice to Proceed

Contractor Info	rmation				
Contact Name(s)	e(s)			Primary Phone	
Company				Mobile Phone	
Street Address				Fax	
City/State/Zip Code			E-Mail Address		
Financial Inform	nation			·	
Financial Guarantee Type	□ Letter of Assurance □ Letter of Escrow Other: □		of Escrow	Financial Guarantee City Approval Date	
Contact Name(s)				Primary Phone	
Company				Mobile Phone	
Street Address				Fax	
City/State/Zip Code				E-Mail Address	
Pre-Constructio	n Checkli	st			
Permits					
Permit Type		Submitted		Approved	<u>Expires</u>
City ROW					
City TTC*					
KDOT ROW*					
KDHE Sanitary Sewer Extension*					
KDHE EC/NOI*					
Submittals					
Project Schedule					
Signed/Itemized Bi	d				
Meetings	-				
Meeting Type		Date	Meeting Type		Date
Pre-Construction			OIA*		
	uired or may	be optional depending on the		ope/location	