



**KANSAS DEPARTMENT OF TRANSPORTATION
BUREAU OF LOCAL PROJECTS
KANSAS LOCAL BRIDGE IMPROVEMENT PROGRAM
PROJECT REQUEST**

Submittal Date:

1. General Applicant Information

County/City:

Name of Primary Contact Person:

Title:

Address:

Phone Number:

Email:

2. Project Location and Description

Project Location:

NBI (15 digit) Bridge Number:

Sufficiency Rating:

Proposed Scope of Work
(Replacement/Rehabilitation)

3. Estimated Cost of Project

Design	\$ -
Right of Way	\$ -
Utility Adjustments	\$ -
Construction	\$ -
Inspection	\$ -
Total Estimated Cost	\$ -