



RIGHT-OF-WAY PERMIT APPLICATION

Right-of-Way/Utility Permit Fee: \$300.00

Job Site Address: _____

Project Description: _____

Contractor:	Property Owner:		
Contact:	Address:		
Address:	City:		
City:	State:	Zip:	
State: Zip:	Telephone:		
Telephone:	Email:		
Email:			

Requested Start Date: _____ Estimated End Date: _____

Sidewalk, curb,
drive approach Utility Development Other

NOTES:

1. A copy of the plans for all projects must be attached showing location, dimensions, and other pertinent details.
2. All work performed shall follow the specifications provided by the City of Brookville.
3. Any required traffic control shall meet the requirements of the Ohio Manual of Uniform Traffic Control Devices.
4. By signing this permit application, the applicant assumes all responsibility for all work performed under this permit and agrees to save and hold the City of Brookville harmless for any and all claims or injuries resulting from this work.
5. City notified 24 hours in advance of work for inspection.

I hereby acknowledge I have read this application and state the above information is correct and agree to comply with all City Ordinances and State Laws regulating construction. I also acknowledge I or my company will be completing the work and I am not obtaining this permit for a third party.

Signature: _____ Date: _____

**** CALL OUPS 48 HOURS PRIOR TO ANY EXCAVATION BY DIALING 811****

For Office Use Only:

Permit Number: _____ Date Received: _____ Reg/Bond Verified: _____

Application Approved: Yes No Notes: _____

Permit Conditions: _____