



PERMIT FOR WORK WITHIN PUBLIC RIGHT-OF-WAY

Nature of Work (Check all that apply):

\$25 Fee: CONCRETE (sidewalks, curb & gutter, etc.)

\$50 Fee: STREET CUT UTILITY (sanitary, storm, water, etc.): _____ OTHER: _____

\$250 Fee: SMALL CELL – select type: New Collocation Wireless Support Attachment to Municipal

Work to be Performed:

Address of Work: (i.e. closest address/intersection): _____

Facility/ Utility Owner: _____

Brief description of work to be performed: _____

Sq. Ft. of Sidewalk _____ and/or Linear Feet of Curb & Gutter _____ and/or Width of Drive Approach _____

Anticipated Work Dates: Start: _____ Finish: _____

Applicant Information:

Company Name (w/Legal Status: corp, partnership, etc.): _____

Phone: _____ Email: _____

Address: _____

Contractor Name (performing the work/ if different from above): _____

Phone: _____ Email: _____

Address: _____

Permit Requirements (check all that apply):

All items are to be submitted at the time of application.

\$1,000,000 General Liability \$1,000,000 Automotive Workmen's Compensation Certificate

\$5,000 Right-of-Way Bond provided by (if applicable) Sidewalk Contractor License (If applicable & Add. fee may apply)

Small Cell: Attach ALL required documents specified in Troy Codified Ordinances Chapter 921.

Site Plan/ Construction Documents Maintenance of Traffic Plan (if requesting lane movement or closure)

The undersigned agrees to perform the above work in accordance with all ordinances, rules, and regulations of the City of Troy, Ohio, relating thereto. The undersigned further agrees to be fully responsible for his operations, and to hold the City of Troy harmless from any and all claims, damages and causes for action whatsoever which may arise from work performed under this permit.

Signature of Applicant: _____ Date: _____

Print Name: _____

THE ENGINEERING DEPARTMENT SHALL BE NOTIFIED 48 HOURS PRIOR TO COMMENCING WORK.

ENGINEERING DEPARTMENT STAFF USE ONLY

Additional/ Required attachments or information provided: Yes No

Approved - Date: _____ Expiration Date: _____

Approved By: _____ Inspector: _____

Conditions/ Comments: _____

Denied - Date: _____

Reason: _____

