

Received (stamp):



Permit No. _____

209 S. Main Street • Marysville, Ohio 43040
Phone: (937) 645-7350 • www.marysvilleohio.org

RIGHT OF WAY PERMIT

Check permit type:					
	Sidewalk (Within Right of Way)	\$20		Right of Way Construction	TBD
	Curb Cut (Driveway Approach)	\$20		² Water Inspection	\$75
	¹ Minor Maintenance	N/A		² Sewer Inspection	\$75

¹ Occupying the R/W without breaking ground ²Water/Sewer Inspections outside the City require a separate application

Applicant Information

Name:		Address:		Phone:	
Email:			City:		State: Zip:
Contractor Name & Title:		24-hour Phone:		Contractor Email:	
³ Contractor License #/Certificate of Registration #:				Homeowner's Statement: Y/N *Only if property owner is performing the work	

³ A City of Marysville Contractor's License or Certificate of Registration must be obtained for the contractor to conduct, carry on or engage in work within the City Right-of-Way. (Codified Ordinance 717.01)

Project Information

Address of Work:		
Reason for Work:		Type of Work: (new service, boring, excavation, sidewalk, etc)
Description of Work: <input type="checkbox"/> Exhibit Attached		
Application Date:	Start Date	End Date:
Will this work require a pavement cut? <input type="checkbox"/> YES <input type="checkbox"/> NO *If YES, provide dimensions of cut		
Will this work require the closure of one or more lanes of traffic or sidewalks/ paths? <input type="checkbox"/> YES <input type="checkbox"/> NO *If YES, attach Maintenance of Traffic (MOT) plans		

Inspection

Prior to beginning work or to schedule an inspection, the Applicant (or representative) shall notify the City at (937) 645-7350 option #6 (minimum 24 hour notice for inspections). The Applicant (or representative) agrees to restore all facilities disturbed by this work to a condition equal to or better than prior to construction within thirty (30) days after the conclusion of work. (Codified Ordinance 901.13 [k]). Applicant agrees to follow all requirements in Chapter 901 of the City of Marysville's Codified Ordinance.

Applicant Signature:	Date:
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OFFICE USE ONLY

Paid (stamp): **TOTAL FEES DUE:** _____ **TOTAL FEES PAID:** _____

Approval

Conditions of Approval:	
Approved By:	Date

Applicant must contact the Ohio Utility Protection Services (OUPS) at 1-800-362-2764 a minimum of 48 hours prior to construction