



# RIGHT-OF-WAY OPENING PERMIT

<b>PROJECT INFORMATION</b>		PERMIT NUMBER:	
Project Name:	_____		
Location:	_____		
Description of Work:	_____		
	_____		
Number of Openings:	_____		
Size of Openings	_____	Work Start Date:	_____
		Work End Date:	_____
<b>CONTRACTOR INFORMATION</b>			
Company Name:	_____		
Agent Name:	_____		
Address:	_____		
	_____		
Phone:	_____	Mobile:	_____
		Fax:	_____
Responsible Person On-Site:	_____		
Mobile:	_____	Emergency Contact Phone:	_____
		Home Phone:	_____
<b>SUBMITTAL INFORMATION</b>			
_____ Plans Submitted		_____ Performance Bond Submitted	
Fee paid: \$ _____	Receipt number: _____	Date paid: _____	
OUPS Confirmation Number: _____		Permit Status: _____	

I/we hereby agree to all terms, conditions and restrictions as stated and applicable to the work to be done under permit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Contractor

PERMIT TO PERFORM WORK AS STATED ON THIS APPLICATION IS HEREBY GRANTED.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

TERMS AND CONDITIONS: The contractor shall notify the city inspector 48 hours prior to work commencing and within 48 hours after the work is completed. A copy of the approved permit and plans must be in the possession of the contractor’s responsible person on-site at the project location while the work is being performed within the right of way. This permit is valid from the begin date through the end date of the work activity as indicated above. All work done shall be under the supervision and to the satisfaction of the City of Piqua Street Superintendent or his duly appointed representative, and subject to the terms and conditions of the City of Piqua Street Cut and Right of Way Opening Drawings and Specifications adopted by the Ordinance 10-03.