



RIGHT-OF-WAY MANAGEMENT APPLICATION

PROJECT INFORMATION			TRACKING No: -
Sidewalk	Tree Lawn	Parking Space(s)	Other:
Location/Street Address:			
Reason for use of Right-of-Way:			
Dates - From:		To:	
PROPERTY OWNER			
Name(s):			
Address:		City/State:	Zip:
CONTRACTOR/AGENT			
Business Name:		Name of contact:	
Address:	City/State:		Zip:
Phone:	Fax:	Email:	
SUBMITTAL INFORMATION			
Drawing		Proof of Liability Insurance	
Fee \$:	Receipt Number:		Received By:
SIGNATURES:			
<p>I hereby certify that the proposed request is authorized by the "Owner of Record" and agree to conform to all applicable laws and regulations of the City of Piqua, Ohio. *PLEASE NOTE: Proof of liability insurance. The only accepted form of proof will be a Certificate of Insurance that can be secured from your insurance agent. This certificate must include in the description of operations section a clause stating: The Piqua City as an additional insured.</p>			
Owner or Contractor			
Signature _____		Date: _____	
City of Piqua _____		Date: _____	
Comments or Special Conditions: _____			

Copies to: _____ City Manager _____ Fire _____ Planning & Zoning
 _____ Streets _____ Police _____ Health
 _____ Applicant