



RIGHT-OF-WAY OPENING PERMIT APPLICATION

PROJECT INFORMATION		PERMIT NUMBER:	
Project Name: _____			
Location: _____			
Description of Work: _____			

Number of Openings: _____			
Size of Openings: _____		Work Start Date: _____	
		Work End Date: _____	
CONTRACTOR INFORMATION			
Company Name: _____			
Agent Name: _____			
Address: _____			
Email: _____			
Phone: _____	Cell: _____	Fax: _____	
Responsible Person On-Site: _____			
Phone: _____	Emergency Contact Phone: _____	Cell: _____	
SUBMITTAL INFORMATION			
_____ 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.