

PURPOSE OF A RIGHT-OF-WAY MANAGEMENT PERMIT

A Right-of-Way Management Permit is required for the emplacement of items in the right-of-way.

SUBMITTAL REQUIREMENT CHECKLIST

Application

Site Plan

Proof of Liability Insurance***

\$25 Fee

Receipt # _____

APPLICANT INFORMATION

Primary Contact

Billing Contact

Company Name:

Responsible Person On-Site:

Mailing Address:

Phone Number:

Email:

OWNER INFORMATION

First Last Name:

Mailing Address:

Phone Number:

Email:

PROJECT INFORMATION

Location/Street Address:

Sidewalk

Tree Lawn

Travel Lane

Parking Space(s)

Start Date:

End Date:

Reason for use of Right-of-Way:

ACKNOWLEDGMENT AND AUTHORIZATION

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.

Applicant Name

Date

Applicant Signature

Title