



# City of New Philadelphia

150 E High Avenue  
New Philadelphia, OH 44663

Permit No. \_\_\_\_\_

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

Fee: \_\_\_\_\_

## RIGHT-OF-WAY PERMIT APPLICATION

All fees are nonrefundable per Ordinance 1153.02(d). Please make checks payable to the City of New Philadelphia.

### Location Information

General Location: _____					
Type of Work:	<input type="checkbox"/> Communication	<input type="checkbox"/> Utility	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Curb	<input type="checkbox"/> Curb Cut/Driveway Approach

### General Contractor Information

Contractor's Name: _____	Contact Name: _____
Address: _____	
Phone Number: _____	Email: _____

### Excavation/Right-of-Way Work Information - \$40.00 fee per Ordinance 1309.01(a)

Estimated Start Date: _____	Estimated Completion Date: _____				
Excavation Size: # of Cuts _____	Length _____	Width _____	Depth _____		
Excavation to be performed in:	<input type="checkbox"/> Street	<input type="checkbox"/> Alley	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Curb Strip	<input type="checkbox"/> Berm
Will there be a lane closure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will any trees in the curb strip be affected by the excavation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*All excavations must be completed within six months of the approval date of this application. The site must be maintained with barriers and barricades, and permanent repairs made within two months after excavation.

### Communication Information - \$300.00 fee per FTP

Communication System Owner: _____	Number of Vaults/Pedestals: _____		
Type of Communication:	<input type="checkbox"/> Wireless	<input type="checkbox"/> Fiber	
If Fiber, select type:	<input type="checkbox"/> Aerial	<input type="checkbox"/> Directional Boring	Length in Feet of Project: _____

### Additional Project Information

Please describe the scope of the proposed project in detail:

**Applicant Certification Statement**

I hereby declare, under the penalties provided by the zoning ordinance for violations thereof, that the statements made relative to the above project(s) described in this application for an Excavation Permit are, to the best of my knowledge and belief, true and correct. I acknowledge that the project(s) described herein will be completed within six months of approval of this application.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Review by Service Director or Code Administrator**

<b>Approved</b>
Your Excavation Permit has been approved. You may begin your project and must have it complete within six months.
Signature of Service Director or Code Administrator
Date

<b>Rejected</b>
Your Excavation Permit has been rejected due to the following ordinance:
Ordinance: _____
Signature of Service Director or Code Administrator
Date