



Right-of-Way Application

CITY USE ONLY
Engineering Permit No.: _____

A permit is required if you are working in the City right of way for any reason. There is a \$20 fee for right of way permits (no charge for sidewalk permits). Depending on the type of project, additional fees may apply (see below). All right of way applications will be reviewed prior to permit issuance. Work may not begin until approval is given and permit is issued.

Project address: _____
Parcel number: _____
Inside city limits: [] Yes (City Lot # _____) [] No (Township)
Subdivision (If Applicable): _____

TYPE OF PROJECT(check all that apply):

- [] Sanitary - (capacity fee - \$1,800; and/or possible deferred assessment fees)
[] Water - (meter fee - \$300 City/\$350 Township; capacity fee - \$450 City/\$510 Township; tap fee - \$500 (if applicable); and/or possible deferred assessment fees)
[] Storm [] Drive approach [] Sidewalk [] Pavement [] Gas line
[] Demo (includes [] Water [] Sanitary [] Storm)
[] Misc. right of way excavation (i.e. drive culverts, ditch enclosures) - (describe below)
[] Other (describe below)

LOCATION OF OPENING (check all that apply):

- [] Utility strip (i.e. devil strip, tree lawn) [] Driveway
[] Sidewalk [] City easement
[] Roadway/pavement [] Other location outside of right of way

PLEASE NOTE: All right of way applications must be submitted with a plan of the proposed work. Plans should be to scale and include dimensions, property lines, and underground utilities including sanitary, water and storm mains. If needed, the Engineering Department can supply an aerial view GIS map that can be used to prepare your plan.

DESCRIPTION OF WORK:

LANE CLOSURE REQUIRED:

- [] Yes [] No

If yes, submit a site specific traffic control plan with this application. If no, please be advised that during plan review, the reviewing engineer may decide that one is required.

Owner: _____
Mailing address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Contractor/Agent (if applicable):

Company name: _____ Contact name: _____
Mailing address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Professional Engineer/Surveyor (if applicable) – must be licensed in Ohio:

Company name: _____ Contact name: _____
License #: _____
Mailing address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Excavation to begin: _____

Excavation to be completed by: _____

Damage to underground utilities resulting from this excavation shall be the responsibility of the contractor performing the excavation. Before starting any excavation the Contractor MUST contact the Ohio Utilities Protection Service (OUPS) at 8-1-1 or 1-800-362-2764, at least 48 hours but no more than 10 working days before beginning ANY digging project.

For Engineering Department permits:

- FAILURE TO OBTAIN INSPECTIONS DURING CONSTRUCTION MAY RESULT IN PENALTIES AND/OR REMOVAL AND RECONSTRUCTION OF IMPROVEMENTS.
- WORK SHALL NOT PROCEED UNTIL THE INSPECTOR HAS APPROVED THE VARIOUS STAGES OF CONSTRUCTION.
- **REQUIRED INSPECTIONS CAN BE ARRANGED BY VISITING <https://www.wadsworthcity.com/FormCenter/Engineering-10/INSPECTION-SCHEDULING-67> OR BY CALLING (330) 335-2751. INSPECTIONS MUST BE REQUESTED BY 2:00 P.M. ONE BUSINESS DAY BEFORE THE INSPECTION IS NEEDED.**

Applicant's Statement:

1. I hereby certify that the owner of record authorizes the proposed work and this application, and I am acting as the agent on his/her behalf.
2. I agree to conform to all applicable laws of the City of Wadsworth, all applicable codes and provisions stated in this application.
3. I hereby certify that all land clearing, construction or development involving the movement of earth shall be in conformance with standard erosion, runoff and sediment control practices to prevent soils from being deposited onto adjacent properties, rights-of-way, public storm drainage systems, wetlands and/or watercourses.
4. I agree to obtain the required inspections and no part of the structure/improvements will be used or put into service until after obtaining the final inspections and substantial completion has been approved.
5. I agree that authorized inspectors shall have the authority to enter areas covered by such permit, at any reasonable hour, to enforce the provisions of the code.
6. I agree to comply with the above conditions, specifications and regulations of The City of Wadsworth governing this application. I understand that failure to comply may be cause for revocation of this application and stop work order.

Applicant's signature

Date

Payment can be made by mailing a check to City of Wadsworth, Engineering Dept., 120 Maple St., Wadsworth, OH 44281 or by calling (330) 335-2751 with a credit card number. Permits will not be issued until paid in full. All applications will be reviewed prior to permit issuance.

<i>ENGINEERING DEPARTMENT USE ONLY</i>	
Application fees	
1.) ROW permit	\$20.00
2.) Sanitary capacity	\$1,800.00
3.) Water meter	\$300.00 City/\$350.00 Township
4.) Water tap (if applicable)	\$500.00
5.) Water capacity	\$450.00 City/\$510.00 Township
6.) Additional deferred assessment fees	\$ _____
TOTAL CHARGE	\$ _____
Paid by: Check # _____ Credit card _____ Cash _____	