



Permit # _____
Date _____
Fee _____

HARRISON TOWNSHIP SERVICES DEPARTMENT

APPLICATION FOR RIGHT-OF-WAY PERMIT (RESIDENTIAL)

Application is hereby made by _____

Address _____ Phone _____

City _____ State _____ Zip _____ E-mail _____

Type of work to be done _____

At the following location _____

Work will commence on or about _____ and will require approx. _____ days.

If this permit is granted, I (we) agree to abide by the following conditions:

1. That I (we) shall submit with this application a sketch or print of the work to be done.
2. That I (we) shall fully adhere to the attached rules, policies, and specifications set forth by Harrison Township.
3. That traffic will be maintained at all times including pedestrian travel, unless permission is granted by Harrison Township to close the street. Disturbance to traffic and residents will be kept to a minimum.
4. That I (we) assume the responsibility for and will save the township harmless from any and all claims for personal injuries and property damages arising from this work.
5. That when completion of this work is complete, the Harrison Township Services Department shall be notified for inspection.
6. None of this work shall be started in the township right-of-way prior to approval of this application.
7. All work performed shall be within the scope of the work described on this application.

Signature of Applicant _____ Date _____

Dave Whitehair, Services Director
Harrison Township Services Department
2409 Rector Ave.
Dayton, Ohio 45414
937-274-6871
937-274-9157 FAX

Resolution #44-1988