



Permit # _____
Date _____
Fee _____

HARRISON TOWNSHIP SERVICES DEPARTMENT
APPLICATION FOR RIGHT-OF-WAY PERMIT

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 place a bond with Harrison Township that the following conditions will be met:

1. That traffic will be maintained at all times, unless permission is granted by Harrison Township to close the street. Disturbance to traffic and residents will be kept to a minimum.
2. That the disturbance to the right-of-way and roadway will be kept at a minimum and that trenches will be backfilled with gravel and tamped, so that settlement of the material will be minimized. If settlement does occur, additional suitable material will be put into place and compacted.
3. That the street surface and adjacent right-of-way at the trench will be replaced with material of the type that was removed and that the new surface will conform to the grade of the undisturbed surface.
4. That lights, signs, barricades, and if necessary, flagman and watchman, will be placed on the job for the protection of traffic at all times, day and night, during the time this work is being done. The codes of the Ohio Department of Transportation Manual of Uniform Control Devices and special instructions given by the Harrison Township Services Director will be met.
5. That the attached rules, polices, and specifications set forth by Harrison Township will be fully adhered to.
6. 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, to the extent of \$300,000.00/\$500,000.00 for personnel injuries and \$50,000.00 for property damages. To cover this responsibility, I (we) have the following insurance which is now in force and will remain in force during the prosecution of this work:

Insurance: _____ Amount _____ Policy# _____ Phone# _____

Bond: _____ Amount _____ Policy# _____ Phone# _____

Notice of release should be made to: _____

Address: _____ Phone# _____

7. That responsibility under this permit will remain in force until a release has been granted by the Harrison Township Services Director.
8. None of this above work shall be started in the Township right-of-way prior to approval of this application.
9. Fees shall conform to the attached fee schedule and be submitted with application. Fees shall be returned if permit is denied. One (1) print of work to be done is to be submitted with application.

Signed _____ Date _____

Company _____

Jeff Mutter, Services Director
2409 Rector Ave.
Dayton, Ohio 45414
937-274-6871
937-274-9157 FAX

Resolution #44-1988