City of Oxford OHIO
HOME OF MIAMI UNIVERSITY

◯ APPLICATION FOR PUBLIC RIGHT-OF-WAY PERMIT

Date(s) of Request _____ through _____ from _____AM/PM to _____AM/PM

Today's Date: ___ / ___ / ___ □ Emergency Utility Repair *(check box, if applicable)*

--- Applicant shall allow a minimum of 3 business days for processing ---

Contractor:	_____	Supervisor:	_____
Address:	_____	On-Site Contact:	_____
	_____		
Telephone:	_____	Telephone:	_____
Cellular:	_____	Cellular:	_____
Email:	_____	Email:	_____

DESCRIPTION OF WORK

Place a description of the work, along with additional requests, on the appropriate attachment.

_____

Open excavation? Yes ◯ No ◯ Trench Protection? Yes ◯ No ◯

If yes, describe shoring equipment to be utilized: _____

Depth of excavation _____

Is work associated with building construction or demolition? Yes ◯ No ◯

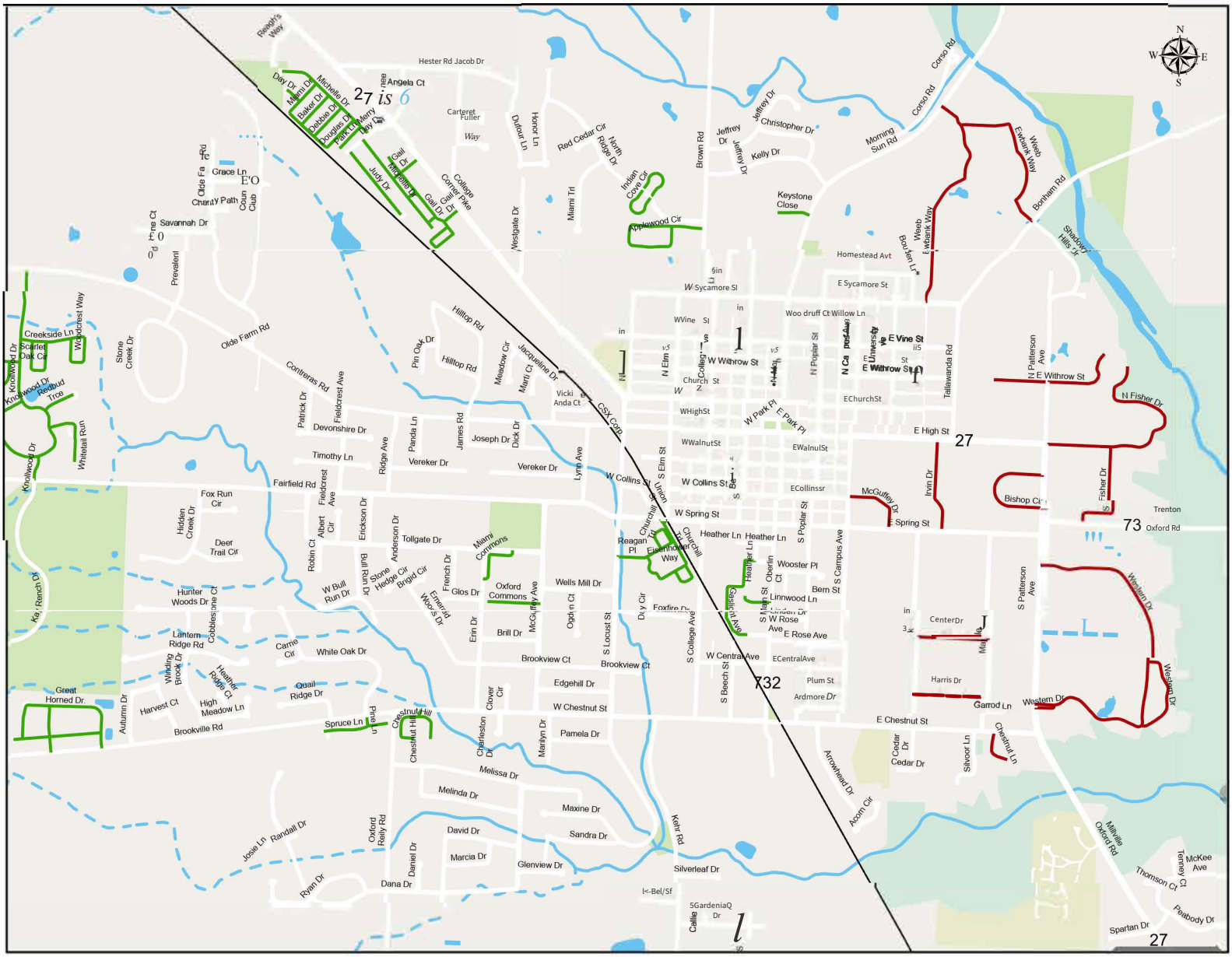
Is a bike lane or sidewalk disrupted by the project? Yes ◯ No ◯

Are pavement markings going to be disrupted? Yes ◯ No ◯

_____

Applicant's Signature: Date:

I have read and understand the rules, guidelines and conditions. Furthermore, I understand that acceptance of them is a condition of approval; and, if approval is granted, it is only for the work specified above. I also understand that the request will be reviewed by various City of Oxford officials and additional conditions may be required before final approval is granted. If additional conditions are required, I agree to meet with the appropriate officials.



CITY OF OXFORD / RIGHT-OF-WAY REQUEST DETAILS

Instructions for Applicant: Please clearly indicate streets and/or sidewalk areas being requested. Place a concise narrative explanation on the following lines. Attach additional pages if necessary. **Note: Any work in the public right of way requires the submittal of a maintenance of traffic plan.**

_____

_____

_____

Additional Requests:
(Include details in narrative)

☐ No Parking Signs and/or meters. Fees apply.

Note If your work zone is outside the boundaries of this map, either attach a separate map or contact the City for assistance.

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Stipulations and Fees

Note: Full payment of all fees is required before work can begin.

Applicants should allow a minimum of **three (3) business days** for the request to be processed from the time it is submitted to City officials. *(Please provide the City with as much lead time as possible.*

1. **Applicant shall manage all work zones in the Right-of-Way in compliance with the Ohio Manual of Uniform Traffic Control.**
2. All ordinances that regulate noise **shall** be observed.
3. NO markings may be made on streets or sidewalks within the public right-of-way (except OUPS markings)
4. Use of fire hydrants without written permission by the City Service Director, is prohibited.
5. Contractor must maintain all street cuts until restoration is completed.
6. Contractor is responsible to replace concrete.
7. Excavations involving surfaced areas in the right of way will need a Street Cut Permit through the Engineering Division.
8. Excavated surfaced areas in the right of way will require compacted granular backfill material.
9. Contractor is responsible for street closure(s) and must conform to the Manual of Uniform Traffic Control Devices and Markings.
10. Stamped drawings may be required prior to permit approval.
11. Contractor is responsible for any damage to the roadway, curbs, gutters, and sidewalks, and any other related infrastructure as a result of the project or equipment.
12. The areas will be cleaned at the end of each day.
13. The City reserves the right to modify, suspend, or revoke this permit at the sole discretion of the City of Oxford.
14. To coordinate asphalt restoration, contact the City of Oxford Streets & Maintenance Division at 513-523-8412.

APPLICANT'S ASSURANCE

_____ Date: ___ / ___ / ___

Department Comments	Applicant's Initials	Review Date
Police Department		
Fire Department		
Service Department		
City Manager		

Pre-Meeting (if applicable): Reviewed with _____

Reviewer(s): _____ _____

APPROVAL SECTION (with conditions)

Police Chief:	◉ Approved	○ □ Not Approved	_____
Fire Chief:	○ Approved	○ Not Approved	___/ /___
Service Director:	○ Approved	○ Not Approved	___/ /___
City Manager:	○ Approved	○ Not Approved	___/ /___

_____ Date: _____

City Manager's Signature

Reason(s) work not approved:

_____

_____

_____