



\$2000 DEPOSIT REQUIRED ON ALL WORK INVOLVING EXCAVATING, OR CONCRETE/ASPHALT CUTTING

Village of Cedarville
301 Palmer Dr., Cedarville, OH 45314
villageadministrator@cedarville.us
937-371-6151

RIGHT-OF-WAY/UTILITY PERMIT APPLICATION FEE \$100

Job Site Address: _____

Project Description: _____

Sidewalk, Curb, Drive Approach Utility Development Other

Start Date _____ **Estimated End Date** _____

Lane Closure Required? Yes No If Yes, Traffic Management Plan Required

Contractor:	Contact:	Insurance Company:
Address:	City, State, Zip:	
Phone:	Email:	Policy Number:

*Copy of insurance required

Property Owner:	Address:
Phone:	Email:

1. A copy of project plans including location, dimensions and other pertinent details must be attached.
2. All work performed shall follow the specifications provided by the Engineer Review.
3. Any required traffic control shall meet the requirements of the Ohio Manual of Uniform Traffic Control Devices.
4. By signing this permit application, the applicant assumes all responsibility for all work performed under this permit and agrees to save and hold the Village of Cedarville harmless for any and all claims or injuries resulting from this work.
5. Contractor must call OUPS 48 hours prior to any excavation by dialing 811.
6. Call 937-371-6151 or email villageadministrator@cedarville.us once job is complete for final inspection for deposit refund.

I hereby acknowledge I have read this application and state the above information is correct and agree to comply with all Village Ordinances and State Laws regulating construction. I also acknowledge I or my company will be completing the the work and I am not obtaining this permit for a third party.

Signature _____ **Date** _____

Permit Fee Amount Received _____ **Deposit Received** _____ **Date** _____

Application Approved _____ **Date** _____

Final Inspection Date _____ **Deposit Refunded** _____