



Application #: _____

Right-of-Way Work Permit Application

(Chapter 1178.03 (a))

Company Name: _____

Date Submitted: _____

Construction Dates Start: _____

End: _____

The above named company hereby requests a Right-Of-Way Permit to do the following work:

In the location, alignment, and elevation as shown on the attached plans (3 sets required). Attach separate sheet if needed.

Who should receive approved permit and/or engineer review comments? (*Must Complete*)

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Number of sheets included: _____

Email: _____

The above applicant agrees to restore all areas to like or better condition in compliance with rules, regulations, and specifications of New Albany as set forth in codified ordinance 1178 and New Albany's Right-of-Way policy. The applicant shall notify all affected, or potentially affected, permittees and franchisees, and adjoining property owners as to the work to be completed. Furthermore, the applicant shall comply with special conditions, if any, as listed below (attach separate sheet if required).

This Work Application must be submitted with the following documents:

- Description of Right-Of-Way affected.
- Required street closure/blockage.
- Statement verifying notification of affected parties.
- Notification of any adversely affected consumer per PUCO Rules & Regulations.
- Project time table.
- 3 Sets of 11x17 To-Scale Plans and 2 CDs containing CAD files
- Estimate of time to complete work
- Description of facility to be installed
- Application fee of \$75.00 (if not part of Engineering Development Package) or Resubmittal fee of \$50.00.
- Performance Bond (cash, money order, or certified check).
- Proof of general liability, automobile and worker's compensation insurance.

Contractor Information:

Name: _____ **Phone Number:** _____

Email: _____ **Emergency 24 Hour Number:** _____

Address: _____
(Street) (City) (State and Zip)

Sub-Contractor Information:

Name: _____ **Phone Number:** _____

Email: _____ **Emergency 24 Hour Number:** _____

Address: _____
(Street) (City) (State and Zip)

48 HOURS PRIOR TO EXCAVATION, ALL PERMITEES SHALL NOTIFY THE OHIO UTILITIES PROTECTION SERVICE AT 1-800-362-2764, AND THE NEW ALBANY DEPARTMENT OF PUBLIC SERVICE AT 614-855-0076.

If during construction any fiber/inner duct is damaged the contractor shall notify Ohio Utilities Protection Service (OUPS) by dialing 811.

Permit Approved

Permit Denied

This permit expires on the “end” construction date listed on page one unless otherwise noted.

Service Director OR
Authorized New Albany Representative

Approval Date