



NO FEE
R/W OCCUPANCY ONLY NOT
AN INSTALLATION PERMIT

Application #: _____

Right-of-Way
Occupancy Permit Application
(Chapter 1178.03 (a))

Company Name: _____

Date Submitted: _____

Construction Start Date: _____

Proposed End Date: _____

The above named company hereby requests a Occupancy Permit to do the following work:

Applicant shall provide a map with the location(s) for minor maintenance with the mainline and nearest cross street noted, and latitude and longitude coordinates of the proposed access location.

Who should receive approved permit and/or engineering 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 the 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 permit is for street occupancy ONLY. _____ has declared this work to be performed solely in private easement. This application does not approve the installation of the facilities, just the crossing of R/W where applicable. The permit holder shall coordinate the work with the HOA and private property owner prior to work commencement.

This Right-of-Way Permit Application must be submitted with the following documents:

- Description of Right-of-Way affected.
- MOT drawings/standard drawings.
- Statement verifying notification of affected parties.
- Notification of any adversely affected consumer per PUCO Rules & Regulations.
- Project time table.
- Estimate of time to complete work.

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