

CITY OF WELLSTON
PLANNING AND ZONING COMMISSION APPLICATION
Right of Way Occupancy
Application for Certificate of Registration

Provider Name: _____ Legal Status: _____
(Partnership, Corp., etc.)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

Emergency Contact Name / Phone Number: _____

Attach the following:

1. Certificate of insurance as required
 - a. Comprehensive general liability insurance:
 - i. Bodily injury each occurrence: \$1,000,000. Annual aggregate: \$3,000,000.
 - ii. Property damage each occurrence: \$1,000,000. Annual aggregate: \$3,000,000.
 - iii. Personal injury aggregate: \$3,000,000.
 - b. Comprehensive auto liability insurance:
 - i. Bodily injury each occurrence: \$1,000,000. Annual aggregate: \$3,000,000.
 - ii. Property damage each occurrence: \$1,000,000. Annual aggregate: \$3,000,000.
2. Documentation that applicant maintains standard workers' compensation insurance.
3. If applicant is a corporation, a copy of the certificate of incorporation.
4. A copy of the applicant's certificate of authority from PUCO and/or the FCC and any other approvals, permits, or agreements.
5. A narrative describing the applicant's proposed activities in the City.
6. All location information for all facilities which the provider owns or over which it has control, and which are located in any rights-of-way in the most advanced mapping format and in as much detail as currently available to the provider. All such information shall be provided for the geographical area (up to and including the geographical area of the City), with the specificity as requested by the City Engineer.
7. **\$100.00** application fee plus **\$50.00** maintenance fee for first year of registration (maintenance fee may be prorated from effective date of the Certificate of Registration to the end of the calendar year if less than 1 full year.)
8. **\$50.00** registration maintenance fee to be paid in advance by January 1st of each calendar year (if not paid by January 31, a monthly late charge of 1% of the unpaid balance for each month shall be paid by the provider).

Providers agree to defend, indemnify and hold City and its agents, officers, elected officials, employees, volunteers, and contractors harmless from and against all damages, costs, losses, or expenses: (i) for the repair, replacement, or restoration of City's property, equipment, materials, structures and facilities which are damaged, destroyed, or found to be defective as a result of such provider's acts or omissions: and (ii) from and against any and all claims, demands, suits, causes of action, and judgments for: (a) damage to or loss of the property of any person (including, but not limited to such provider, its agents, officers, employees and subcontractors, City's agents, officers, elected officials, employees, volunteers, contractors and third parties); and/or (b) death, bodily injury, illness, disease, worker's compensation, loss of services, or loss of income or wages to any person (including but not limited to the agents, officers and employees of such provider, provider's subcontractors, the City, and third parties), arising out of, incident to, concerning or resulting from the act or omissions of such provider, its agents, employees, and/or subcontractors, in the performance of activities pursuant to such Certificate of Registration, no matter how, or to whom, such loss may occur. In any event, all persons using or occupying the rights-of-way agree to defend, indemnify, and hold the City harmless as set forth above as a condition of their use or occupancy of the rights-of-way.

I hereby swear that all the information is true to the best of my knowledge, that I am at least 18 years of age, able to interpret construction plans and specifications, and able to comply with the requirements of the City of Wellston Code of Ordinances.

Print Applicant's Name

Signature of Applicant

Date