RIGHT OF WAY PROJECT PERMIT APPLICATION

Green Zoning Department
1755 Town Park Blvd * P.O. Box 278 * Green, OH 44232-0278
Telephone: 330-896-6605
Fax: 330-896-6606
Email: *zoning@cityofgreen.org*

Give OUPS 48 hour notice: 800-362-2764

Complete & submit this application to Green Zoning along with a PROJECT DRAWING AND DIMENSIONS (no larger than 11 x 17) a minimum of 14 days prior to project start. The Engineering Dept. will review the submittal and establish a bond amount. Zoning will contact you when the permit has been processed.
The Fee for Hard Surface Apron, Culvert, and Sidewalk/Tree Replacement is $25. The Fee for Utility Installation is $100 per parcel. The Fee for a Special Hauling Permit is $100. The Fee for all other Road Opening Permits is $75.
Cash bonds must be submitted in the form of a Money Order or Certified Check payable to City of Green.

MAXIMUM DRIVEWAY WIDTH IS 24' WITHIN 10' OF THE ROAD RIGHT-OF-WAY

When checking the status of your permit application, contact:
contact: Paul Pickett, City Engineer 330-896-5510 *ppickett@cityofgreen.org*

PROJECT ADDRESS:	DATE:
Contractor:	Tel:
Mailing Address:	
Project/Field Contact:	Cell:
Property Owner:	Tel:
Email Address:	

NEW CONSTRUCTION: ☐ Apron – width at ROW line ____ft ☐ Curb Cut ☐ Culvert ☐ Sidewalk ☐ Utility ☐ Stormwater ☐ Other

EXISTING RECONSTRUCTION: ☐ Apron ☐ Culvert ☐ Ditch Enclosure ☐ Sanitary/Septic ☐ Utility ☐ Stormwater ☐ Other

SPECIFIC PROJECT DETAILS & EXPLANATION:

ATTACH CONSTRUCTION DOCUMENTS / PLANS TO BE REVIEWED.

The application and plan/project information is accurate and true; if any facet of the project changes at any time, I will notify the Engineering Department immediately for direction and approval.

Applicant signature: _____ Cell: _____
Applicant printed name: _____ Date: _____

RIGHT-OF-WAY PERMIT

No: RO26-_____

☐ Permit **APPROVED** **Bond:** _____
Ck or Bond No: _____
☐ Permit **DENIED** - *explanation below*

DATE: _____
FEE: _____
PMT: _____
PMT DATE: _____

Direction/conditions:_____

_____

Review / Determination by _____ Date: _____

Inspection Approval / Bond Release : _____ Date: _____

CONTACT ENGINEERING DEPT AT 330-896-5510 A MINIMUM OF 48 HOURS PRIOR TO CURB CUTS AND FOR PRE & POST INSPECTIONS