



City of Wilmington, Ohio
Director of Public Service
69 N. South Street
Wilmington, Ohio 45177

937-382-6509
Fax 937-382-1553

STREET AND RIGHT-OF-WAY OPENING, DRIVEWAY/CURB & GUTTER, AND RIGHT-OF-WAY USE PERMIT APPLICATION

Date of Application: _____ Permit# (Office use only): _____
Company /Applicant Name: _____
Address: _____
Office Phone: _____ Email: _____
Contact Person: _____ Phone: _____

PLEASE SELECT TYPE OF PERMIT

STREET AND ROW OPENING ☐ DRIVEWAY/CURB/GUTTER/APRON ☐ RIGHT-OF-WAY USE ONLY ☐

Please select all applicable boxes below.

Attach one set of drawings and MOT (maintenance of traffic) plans.

☐ Jack & Bore	☐ Install Underground Utilities	☐ Adjust Manhole/Pull Box
☐ Directional Bore	☐ Install Overhead Utilities	☐ Driveway/Curb/Gutter/Apron (Please attach drawings)
☐ Open Cut	☐ Overhead Utility Crossing	☐ Alley/Parking Space/Sidewalk Use
☐ Lane Closure Anticipated (Please Attach MOT. Requires 48-hour notice to Service Director)		
☐ Other		

Proposed Project Start and End Dates: _____

Project Name (Optional): _____

Address/Location(s) of Opening(s) (Please be Specific.): _____

☐ Drawing/Documentation Attached

Type of Existing Surface(s): ☐ Asphalt/Pavement ☐ Concrete ☐ Soft Surface ☐ Other _____

Detailed Description of Work: _____

Purpose: _____

Size of Opening: Length _____ ft. _____ in. Width _____ ft. _____ in.
Depth _____ ft. _____ in. **TOTAL YARDAGE** _____

Permit Fee per Hard Surface Opening/Unit:	\$50.00	Number of Openings/Units:		Total Due:	
Permit Fee per Soft Surface Opening/Unit	\$20.00	Number of Openings/Units		Total Due:	
Permit Fee per Driveway/Sidewalk/Curb/Gutter	\$25.00			Total Due:	
Permit Fee per Right of Way Use Only	\$ 0.00	No charge for ROW Use Only Permit		Total Due:	
TOTAL PERMIT FEE:					

Checks to be made payable to: **City of Wilmington.**

Remittance Address: Director of Public Service
City of Wilmington
69 N. South Street
Wilmington, OH 45177

PLEASE READ AND SIGN BELOW

The applicant agrees to provide a bond in an amount specified by the Director of Public Service for the type of improvement requested per W.C.O. 901.02.

The applicant agrees that all restoration work will be performed in compliance with the City of Wilmington Standard Plans and Specifications (available upon request).

By signing this application, the applicant agrees to comply with all the laws of the State of Ohio and Ordinances of the City of Wilmington pertaining to the above-described work and all work incidental to the project. All improvements, repairs, and restoration must comply with City of Wilmington standards and specifications.

The applicant certifies that the information and statements given in this application are true and correct. The applicant covenants and agrees to hold harmless the City of Wilmington from all claims, loss, or damage that may result in any way from the within described improvements, and the applicants agree to hold harmless the City of Wilmington against all claims, loss or damage resulting from the restoration after making such improvements.

The applicant is responsible for contacting OUPS at (800) 362-2764 and must request the location of all utilities at least 48 hours prior to beginning work. All work outside of the City's right-of-way will require an easement/permission from the property owner.

The applicant is responsible for contacting the City Utility Inspector at (937)-728-2042 for all form inspections prior to the pouring of concrete and must submit notification to the inspector **48 hours prior to the start of work on any approved permit.**

Lane closures shall occur only between 9 a.m. and 4 p.m. unless specifically approved by the Director of Public Service in writing. Lane closures shall have proper MOT and in accordance with the Ohio Manual Uniform of Traffic Control Devices. Failure to comply with these regulations may result in contractors being removed from site.

I the undersigned agree to complete final restoration within 30 days from completion of work, and any lane closures require notification 48-hours prior to beginning work by calling (937) 382-6509.

Signed: _____ Date: _____

Print Name: _____

For administrative purposes only. Do not write below this line.

Date Application Received: _____
Total Fee Amount: _____ Fee Paid Date: _____
Check # _____ Cash _____ Credit Card _____

PERMIT APPROVAL:

Approved ☐ Denied ☐

Director of Public Service

Bonding Requirements: Yes ☐ No ☐ Bond Amount: _____

Special Provisions: _____

Reviewed By: _____ Water Department ☐ Sewer Department ☐ Stormwater Department ☐

Approved _____ Applicant _____ Utility Inspector _____

Permit Sent: _____