City of Troy Engineering Department
102 S. Market Street
Troy, Ohio 45373

APPLICATION FOR OBJECTS IN PUBLIC RIGHT-OF-WAY

Upon approval by the City of Troy, this Application serves as a written contract between the applicant and the City of Troy, Ohio.

Application Type: ☐ **Dumpster/Pod** ☐ **Tables and Chairs** ☐ **No Parking Signs** ☐ **Other**

Address of Project: _____

Business Name/Applicant Name: _____

Phone: _____ Email: _____

Dumpster/POD:

Size: _____

Start Date: _____

End Date: _____

Tables and Chairs:

Number of Tables: _____

Number of Chairs _____

Temporary No Parking Signs:

Purpose of Request: _____

Start Date: _____

End Date: _____

Street Requested: _____

Other Objects: Please describe below, including number of each (examples: benches, easel or sandwich boards, flower pots / planters, etc.). As necessary, attach additional pages, site plan, pictures, etc.

_____

_____

Please read the attached Ordinance Sections regarding requirements related to objects or items in the Public Right-of-Way.

By signing this application, I acknowledge that:

- ☐ I understand that the sidewalk in front of my property is public right-of-way.
- ☐ If I place items in the right-of-way, I understand it is at my risk and it is my responsibility to properly insure any items and assume the liability for placing them.
- ☐ I agree to allow City of Troy employees to complete necessary inspections. I agree to adhere to all applicable laws of the City.
- ☐ It is my responsibility to assure that the City has on file a copy of my current Certificate of Liability Insurance as required by City Ordinances, and I understand that the Certificate must include the following language to assure that the City of Troy is additionally insured: "Additionally insured are the City of Troy, Ohio, its elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board member, including employees and volunteers thereof. Coverage shall be primary to the Additional Insureds and not contributing with any other insurance or similar protection available to the Additional Insureds whether other coverage be primary, contributing or excess."
- ☐ I agree to indemnify, hold harmless and defend the City of Troy, Ohio, its officers, employees, agents and volunteers against any and all liability, loss, costs, damages, expenses, claims or actions, including attorney's fees which the City of Troy, Ohio its officers or employees may hereafter sustain, incur or be required to pay, arising solely out of or by reason of any act or omission.

Signature: _____ Date: _____

Approved: _____ Date: _____

Checklist: ☐ Site Plan ☐ Picture of Requested Objects ☐ Cert. of Insurance