

# RIGHT OF WAY PERMIT APPLICATION



**City of Hilliard**  
 3800 Municipal Way  
 Hilliard, Ohio 43026  
 Phone (614) 876-7361  
 Fax: (614) 529-6017  
[www.hilliardohio.gov](http://www.hilliardohio.gov)

<b>APPLICATION #</b>
<b>RECEIPT #</b>

✓ Check the permit type.	
PERMIT TYPE:	FEE:
Minor Maintenance	\$50.00
Construction	\$100.00
Pavement Drilling Inspection	\$38/hr
Public project: <b>Hilliard CIP # :</b>	No fee

## I. Utility Identification

Applicant		Business Address		Business Phone	
Contact Name		City		State	
Contact Name Title		24-hour Contact Phone		email	
				Zip	

## II. Job Location / Description – Attach (2) two sets of drawings or sketches to explain the work to be performed.

Location of work	Application Date:	Month	Day	Year
	Construction Start Date:			
	Construction Finish Date:			
<b>Gas:</b> <input type="checkbox"/> install new tap <input type="checkbox"/> replace gas valve <input type="checkbox"/> replace/repair gas line <input type="checkbox"/> lower service <input type="checkbox"/> locate curb box <input type="checkbox"/> other				
<b>Electric:</b> <input type="checkbox"/> replace existing pole <input type="checkbox"/> install new pole <input type="checkbox"/> install new equipment on existing pole <input type="checkbox"/> lower service <input type="checkbox"/> other				
<b>Cable/Telecommunications:</b> <input type="checkbox"/> directional bore <input type="checkbox"/> install cable and/or conduit <input type="checkbox"/> lower and relocate cable/conduit <input type="checkbox"/> other				
* Provide pertinent information about the work being performed.				
Check and/or list ALL facilities which may be disturbed by this work: <input type="checkbox"/> pavement <input type="checkbox"/> sidewalk or paths <input type="checkbox"/> grass <input type="checkbox"/> approach <input type="checkbox"/> sewer <input type="checkbox"/> waterline <input type="checkbox"/> manhole <input type="checkbox"/> valves <input type="checkbox"/> street tree <input type="checkbox"/> signal loop <input type="checkbox"/> other:				

## III. Inspection

Prior to starting work, the Applicant shall call the City's Construction Inspector at (614) 604-4662. The Applicant agrees to restore all facilities disturbed by this work to a condition equal to or better than prior to construction within 30 days after the conclusion of any utility repair or installation. The Applicant agrees to perform all construction activities in accordance with the requirements of the City of Hilliard and the City of Columbus Construction & Material Specifications. The Applicant agrees to follow all requirements in Chapter 907, Rights-of-Way Administration, in the City of Hilliard Codified Ordinances.

Signature of Applicant **X**

## IV. Lane Closure, Work Zone, and Temporary Traffic Control (TTC)

### Temporary Traffic Control to be used with closure:

Will the closure of one or more lanes of a public street be necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Applicant agrees to use proper TTC plans and devices.	<input type="checkbox"/> 6H-10(TA-10) <input type="checkbox"/> 6H-30 (TA-30)
Will blocking or closure of shoulder of a public street be necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Applicant agrees to use proper TTC plans and devices.	<input type="checkbox"/> 6H-3 (TA-3) <input type="checkbox"/> 6H-4 (TA-4)
Will the closure of one or more sidewalk or path be necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, inspection is required before and after placement of any material.	<input type="checkbox"/> 6H-28 (TA-10) <input type="checkbox"/> 6H-29 (TA-29)

## V. Ohio Utility Protection Service (OUPS)

Applicant must contact OUPS for location of underground utilities at least (3) working days prior to construction.  
 Ohio Utilities Protection Services (OUPS) **1 800 362 2764**. For Non-OUPS members, utilities must be contacted directly.

The City of Hilliard hereby grants permission to the Applicant to perform the above requested work.

Other Conditions of Approval:
Approved by _____ Date _____