

**CITY OF SPRINGDALE PUBLIC WORKS DEPARTMENT
APPLICATION FOR PERMIT TO OPEN PAVEMENT**

(PLEASE PRINT)

Issued to

Owner's Name _____

Owner's Address _____ Phone _____
Zip Code _____

Contractor's Name _____

Contractor's Address _____ Phone _____
Zip Code _____

N
W E Side of _____ Street, at No. _____
S

_____ feet ^NW ^SE from its intersection with _____ Street or Road

Type of Permit: Opening Cutting _____ Jacking _____ Tunneling _____

Type of Pavement: Asphalt _____ Concrete _____ Other _____

Type of Curb: Concrete Rolled _____ Concrete Vertical _____ Asphalt _____ None _____

Opening: Length _____ Width _____ Depth _____

Purpose: _____

Plans Attached: Yes _____ No _____ Plans required for all new construction _____

The applicant agrees to provide a bond in the amount of \$ _____ (cashiers check, cash or approved bond), conditioned upon the proper restoration and its maintenance for a period of one year from the completion thereof.

By the making of this application, applicant covenants and agrees to comply with all laws of the State of Ohio and Ordinances of the City of Springdale pertaining to the above described work and the work to which it is incidental. Applicant further certifies that the information and statements given in this application are true and correct.

By the making of this application the applicant covenants and agrees to indemnify and hold harmless the City of Springdale from all claims, loss or damage that may result in any way from the making of the described opening or trench. The applicant covenants and agree to indemnify and hold harmless said City against all claims, loss or damage resulting from the restoration and maintenance of the restoration of the surface after making such opening or trench. **When required, three attempts shall be made to push under the street before it is open cut.**

THIS PERMIT WILL EXPIRE ONE YEAR FROM DATE OF APPROVAL.

Dated: _____

Signed _____
Applicant

***** FOR OFFICE USE ONLY *****

Bond Required: Yes _____ Amount: _____
No _____

PERMIT NO. _____
RECEIPT NO. _____

Special Provisions: _____

Approved: _____ Date: _____