



Easement Encroachment APPLICATION

City Use Only
Application no.:
Engineering permit no.:
Customer name:
Customer ID:

Project address:
Parcel number:
Inside city limits: Yes (City Lot #) No (County ROW Permit #)
Subdivision (If applicable):

Structure proposed, description of work:

Owner(s):
Mailing address: City: State: Zip:
Phone: Fax: Email:

Contractor/Agent:
Mailing address: City: State: Zip:
Phone: Fax: Email:

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Provide "Exhibit A" with this application; drawing that shows the size & location of the encroachment. Also, include the following on the drawing: North arrow, streets, buildings and property lines.

Damage to underground utilities resulting from this excavation shall be the responsibility of the contractor performing the excavation. Before starting any excavation the Contractor MUST contact the Ohio Utilities Protection Service (OUPS) at 8-1-1 or 1-800-362-2764, at least 48 hours but no more than 10 working days before beginning ANY digging project.

Closing of streets shall not be attempted without the specific approval of the Director of Public Service or his authorized agent.

Applicant's Statement:

- 1. I hereby certify that the owner(s) of record authorizes this application and the proposed work. Also, I am acting as the agent on the owner's behalf.
2. I agree to conform to all applicable laws of the City of Wadsworth, all applicable codes and provisions stated in this application.
3. I hereby certify that all land clearing, construction or development involving the movement of earth shall be in conformance with standard erosion, runoff and sediment control practices to prevent soils from being deposited onto adjacent properties, rights-of-way, public storm drainage systems, wetlands and/or watercourses.
4. I agree that authorized inspectors shall have the authority to enter areas covered by such permit, at any reasonable hour, to enforce the provisions of the code.
5. I agree to comply with the above conditions, specifications and regulations of The City of Wadsworth governing this application. I understand that failure to comply may be cause for revocation of this application and stop work order.

Applicant's signature OR printed name/company

Date