



**Right-of-Way  
Application**

CITY USE ONLY  
Engineering Permit No.: \_\_\_\_\_

A permit is required if you are working in the City right of way for any reason. All right of way applications will be reviewed prior to permit issuance. Work may not begin until approval is given and permit is issued. Permit fees (per Ordinance 25-210) will be calculated after plan review is complete.

Project address: \_\_\_\_\_  
Parcel number: \_\_\_\_\_  
Inside city limits:  Yes (City Lot # \_\_\_\_\_)  No (Township)  
Subdivision (If Applicable): \_\_\_\_\_

**TYPE OF PROJECT (check all that apply):**

- Sanitary  Water  Storm
- Drive approach  Sidewalk  Pavement  Gas line
- Demo (includes  Water  Sanitary  Storm)
- Misc. right of way excavation (i.e. drive culverts, ditch enclosures) - (describe below)
- Other (describe below)

**LOCATION OF OPENING (check all that apply):**

- Utility strip (i.e. devil strip, tree lawn)  Driveway
- Sidewalk  City easement
- Roadway/pavement  Other location outside of right of way

**PLEASE NOTE: All right of way applications must be submitted with a plan of the proposed work (the contractor should prepare this plan). Plans should be to scale and include dimensions, property lines, and underground utilities including sanitary, water and storm mains. If needed, the Engineering Department can supply an aerial view GIS map that can be used to prepare your plan.**

**DESCRIPTION OF WORK:**

\_\_\_\_\_

**LANE CLOSURE REQUIRED:**

- Yes  No

If yes, submit a site specific traffic control plan with this application. If no, please be advised that during plan review, the reviewing engineer may decide that one is required.

**Owner:** \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contractor/Agent (if applicable):**  
Company name: \_\_\_\_\_ Contact name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Professional Engineer/Surveyor (if applicable) – must be licensed in Ohio:**  
Company name: \_\_\_\_\_ Contact name: \_\_\_\_\_  
License #: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Excavation to begin: \_\_\_\_\_ Excavation to be completed by: \_\_\_\_\_

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.

**For Engineering Department permits:**

- FAILURE TO OBTAIN INSPECTIONS DURING CONSTRUCTION MAY RESULT IN PENALTIES AND/OR REMOVAL AND RECONSTRUCTION OF IMPROVEMENTS.
- WORK SHALL NOT PROCEED UNTIL THE INSPECTOR HAS APPROVED THE VARIOUS STAGES OF CONSTRUCTION.
- **REQUIRED INSPECTIONS CAN BE ARRANGED BY VISITING <https://www.wadsworthcity.com/FormCenter/Engineering-10/INSPECTION-SCHEDULING-67> OR BY CALLING (330) 335-2751. INSPECTIONS MUST BE REQUESTED BY 2:00 P.M. ONE BUSINESS DAY BEFORE THE INSPECTION IS NEEDED.**

**Applicant's Statement:**

1. I hereby certify that the owner of record authorizes the proposed work and this application, and I am acting as the agent on his/her 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 to obtain the required inspections and no part of the structure/improvements will be used or put into service until after obtaining the final inspections and substantial completion has been approved.
5. 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.
6. 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

\_\_\_\_\_  
Date

**Payment can be made by mailing or dropping off a check to the City of Wadsworth, Engineering Dept., 120 Maple St., Wadsworth, OH 44281 or by calling (330) 335-2751 with a credit card number. Permits will not be issued until paid in full. All applications will be reviewed prior to permit issuance.**