

APPLICATION FOR RIGHT-OF-WAY EXCAVATION PERMIT

City of Orrville
Safety-Service Department
207 North Main Street
Orrville, Ohio 44667
Phone: 330/684-5000



Date _____

See Chapter 901 of Codified Ordinances

Application is hereby made by: _____

Address: _____

Phone Number () _____

To cut or excavate the: street curb tree lawn sidewalk other _____

at the following location: _____

Size of excavation: _____

Estimated start date: ___/___/___ Completion date: ___/___/___

Insurance Certificate: _____ Attached On File Deposit Made

I, the undersigned applicant, agree to comply with the conditions, specifications, and regulations of the City of Orrville governing right-of-way cuts or excavations. I understand that the failure to comply may be cause for revocation of this permit and possible loss of deposit.

FEES

\$150.00 for driveway cut
\$25 per Sq. Ft. for all other cuts

Applicant

Signature

DO NOT WRITE BELOW THIS LINE - CITY USE ONLY

Deposit, Inspection, and Refund Information

Sq. Ft. of Excavation/Cut _____ x \$ _____ = Amount of Deposit \$ _____ Date _____

Amount of Refund \$ _____ Date _____

Comments _____

Pre-Inspection _____

Final Inspection _____

Reason Permit Revoked _____

Copy to Applicant _____
Copy to Finance Dept _____
Close application _____

PERMIT NO. _____