

Union Township
Application for the use of Right-of-Way

Applicant/Property Owner: _____
Address: _____
Phone: _____ Mobile _____ Email: _____

Contractor Company: _____ Address: _____
Contact Name: _____ Position: _____
Company Phone: _____ Contact Phone: _____

Bore/Tunneling Address: _____
Right of Way Width (Obtain information from County Engineer) _____
Project start date: _____ Ending _____

*Union Township does not permit the cutting of the roadway.

The Licking County Engineer's Office was notified of this project on (date) _____

Traffic will include the following:

Closed road _____ Closed lanes _____ Traffic control _____

*attach the traffic control plan along with the company and supervisors name and contact numbers if an outside company will be responsible for maintaing traffic.

Buried cable:

Type of serice _____ Depth _____ Diameter of Cable _____

The applicant is required in addition to the information requested on this form to submit:

- A. Plans and specifications.
- B. Traffic control plans.
- C. Statement of indemnity.
- D. Bond to be determined by the Board of Trustees.
- E. Filing fee ~ \$50.00

The applicant agrees to the following:

- 1) Contacting Union Twp. Street Department 24 hours before starting work covered in this permit.
- 2) Complete all work by December 1 of the year in which the work has been permitted. NO WORK SHALL BE PERMITTED WITHIN ANY RIGHT OF WAY BETWEEN DECEMBER 1 AND APRIL 15.
- 3) Provide traffic control per the Ohio Manual of Uniform Traffic Control Devises, latest edition & applicable sections of the Ohio Revised Code, Licking County, and Union Twp. In addition, the contractor will a traffic plan, provide and remove all traffic control devices used during the project.
- 4) Agrees to all necessary inspections as required.

5) The material used in the right-of-way shall conform to the standards set by Union Twp. and Licking County and restore all areas disturbed to their original or better condition, insofar as practical.

6) The applicant shall notify all utilities and the Ohio Utilities Protection Service no less than 48 hours before any excavation activities per the ORC 153.64.

7) A copy of this permit must be on-site during the hours of activity.

The undersigned applies for a Road Right-of-way permit for said use. The applicant hereby certifies that all information and/attachments to this application are true and correct and agree to abide by all laws, standards, regulations of Union Twp., Licking County, and the State of Ohio. The applicant agrees to comply with all the conditions, restrictions, and regulations of the Licking County Engineer and the Union Township Trustees in their jurisdiction over township roads. Failure to comply with the above may result in the revocation of this permit.

Signature: _____

Date: _____

(For Township Use Only)

Date Application Received _____

Road Superintendant Approval/Denied _____ Date _____

Trustees Approval/Denied _____ Date _____

Comments: _____

Final Inspection Date: _____ Approved by: _____

Final Inspection Comments: _____

Union Township
Statement of Indemnity-Road Right of Way

To the fullest extent permitted by law, I shall indemnify and save and hold free and harmless the Union Township Board of Trustees and Union Township, its officers, employees, agents, and volunteers from any and all actions, claims, demands, judgment, damages, losses, and expenses, whether direct or indirect, including but not limited to attorney's fees, arising from any accident or occurrence related in any manner to the excavation(s) proposed in this Application. Furthermore, I shall undertake to defend, at my own expense, any and all actions, claims, or demands brought against the Union Township Board of and Union Township, its officers, employees, agents, and volunteers by reason of or related in any manner to the excavations(s) proposed in this Application, and to pay, settle, comprise and procure the discharge of any and all judgments, damages, losses, and expenses, including but not limited to attorney fees.

I, and anyone I employ by reason of or related in any manner to the excavation(s) proposed in this Application, am an/are independent contractor(s) and as such shall not at any time be considered an officer, employee, agent, or volunteer of Union Township.

I understand, and I agree to carry such bodily injury and property damage liability insurance as will protect myself, anyone I employ, and Union Township against any and all claims for personal injury, including death, or property damage, which may arise from or be related in any manner to the excavations(s) proposed in this Application.

By signing below, I indicate that I have fully read, understand, and agree to all terms of the above Statement of Indemnity.

Applicant's signature

Date