Jefferson Township – Greene County

UTILITY PERMIT

3182 Maysville St.
Bowersville, Ohio 45307
Office- 937-453-2571

Permit No._____
Date: _____
Fee: _____
Receipt No. _____

Checks Payable to Jefferson Township – Greene County

Applicant Information:

Name _____ Utility Company _____
Address _____ Utility Project # _____
Phone # _____ Email _____
Contractors Name _____ Company _____
Address _____
Phone # _____ Email _____
After Hours Contact Name _____ Phone # _____

Project Location **One Application Per Road**

Utilities to be installed on N,S,E,W _____ side of the Road/ Road Name _____
Type of installation: Overhead on existing poles ___ Overhead on new poles ___ Underground ___
If new poles: # of poles_____ Length of line _____FT. Vertical clearance over pavement _____FT.
If underground: Depth of trench _____FT. Length of line _____FT. Kind of Pipe _____ Size _____
If boring, trenching, plowing, or digging Contractor is responsible for the repair of all hit drainage tile and culverts
If the proposed work requires opening of the pavement, give the following information:

- Conditions necessitating opening of the pavement _____
- The opening inn the pavement will be _____feet long by _____ feet wide by _____feet deep
- The pavement is to be replaced by _____ as directed and to the complete satisfaction of Jefferson Township-Greene County

If the work requires the construction of bore pits, give the following information:

- Distance the bore pits will be off the edge of the pavement _____FT.
- Size of bore pits _____FT. long by _____ FT. wide by _____FT. deep

If the proposed utility requires construction parallel to the edge of pavement, give the following information:

- Distance construction will occur off the edge of the pavement _____FT. Average width of open trench _____FT.
- Average depth of trench _____FT. If construction is by plowing method, state average depth _____FT.

Anticipated Construction Start Date _____ Anticipated Completion Date _____
Lane Closure Required for Work? Yes _____ No _____
(Maintenance of Traffic (Mot) plan required if yes)
Insurance Company Name _____ Policy # _____ Liability Amount $ _____
Permits Are Valid For 6 Calendar Months

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. To the best of my knowledge and belief, the information contained on this application is true, accurate and complete. I am aware that there are significant penalties for submitting false information. I also certify that the submitted documents have been prepared by a qualified professional and that all work performed on-site will comply with the requirements of Jefferson Township-Greene County. I will be responsible for advising each employee working on this project of there requirements. I agree that I have read and understand the terms and conditions for the project and agree to the follow the practices described therein.

Signature _____ **Date** _____

REQUIRED: call 937-352-5116 or E-Mail Jefftwproad@yahoo.com ONCE JOB IS COMPLETE FOR FINAL INSPECTION AND PERMIT CLOSURE. BOND WILL REMAIN ACTIVE FOR ONE YEAR.

For Jefferson Township- Greene County Use Only

Approved Work Schedule Hours _____

Approved:
Jefferson Township- Greene County Inspector _____ Date _____
Final Inspection Approved:
Jefferson Township- Greene County Inspector _____ Date _____
Bond Released _____

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Date_____
Fee_____
Receipt No._____