

MR 505  
App No \_\_\_\_\_

State of Ohio  
Department of Transportation

See Reverse side for additional requirements

Office Use Only	
County/ Jurisdiction _____	
Rte _____	Log Pt _____
Acc Cat _____	

[1] This form must be completed by the property owner or agents working for a utility company (if applicable). Application by contractor is unacceptable.

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Other (Fax, E-mail) \_\_\_\_\_

[2] Type of Permit requested: \_\_\_\_\_ Commercial (See other side) \_\_\_\_\_ Residential \_\_\_\_\_ Field \_\_\_\_\_ Utility \_\_\_\_\_ Drainage  
\_\_\_\_\_ Beautification (See other side) \_\_\_\_\_ Spraying, trimming, tree removal \_\_\_\_\_ Other

[3] Briefly describe work to be performed. (Attach plans and see Instructions.)

Traffic Plan \_\_\_\_\_

[4] Location where work is to be performed. Give sufficient detail to locate the site accurately, such as the distance in miles or feet from a mile post or from some geographical feature such as an intersecting highway.

In \_\_\_\_\_ County (along, across) State Route \_\_\_\_\_, \_\_\_\_\_ miles or \_\_\_\_\_ feet  
North \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_ South \_\_\_\_\_ of \_\_\_\_\_ on the North \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_ South \_\_\_\_\_ side of the road.  
Work to commence on \_\_\_\_\_ and will require \_\_\_\_\_ days to complete.

[5] Does the property owner own or have any interests in any adjacent property? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe. \_\_\_\_\_

[6] Prior to any excavation in the highway right-of-way, the Ohio Utilities Protection Service (OUPS) must be contacted in accordance with ORC Section 3781.25 to 3781.32. OUPS can be reached at 1-800-362-2764. A call must be made to OGPUPS at 1-800-925-0988.

[7] Open cutting of pavement shall not be permitted unless no reasonable alternate method is available. Written approval of the Ohio Department of Transportation District Office must be obtained.

[8] All work requiring men or vehicles within ODOT right of way shall comply with all applicable requirements of the Ohio Manual of Traffic Control Devices and Item 614 (Maintaining Traffic) of the Construction and Material Specifications, latest editions. Failure to comply with these requirements will be cause for immediate revocation or suspension of the permit until the proper traffic control devices have been provided.

[9] I have received a copy of the policies and regulations pertaining to the permit for which I have applied. If a permit is subsequently issued to me by the Ohio Department of Transportation, I understand that the permit will state the terms and conditions for its use, and I agree to comply with all conditions and regulations stipulated on or attached to the permit. I also understand and agree that failure to comply fully with all conditions and regulations of the permit or any change in the use of the permit inconsistent with its terms and conditions will be considered a violation and cause for suspension, revocation, or annulment of the permit thereby rendering the permit illegal and subject to appropriate Department action, up to an including removal of the installation at the permittee's expense.

SIGN and  
PRINT here

→ \_\_\_\_\_  
Signature of Property Owner or Agent for Owner  
Date \_\_\_\_\_  
Day time Phone \_\_\_\_\_

Office use only	
Date Received _____	
By _____	
Date Accepted _____	
By _____	

### Additional Requirements

1. All requests for vehicular access connections (commercial and residential driveways and field drives) are subject to the requirements and provisions of the State Highway Access Management Manual.
2. Check with the issuing authority to determine which of the following documents and information are required and the number of copies needed to complete the review of your application. Plans should usually not be larger than 24"x 36."

(A) Map or plat showing property location, property lines, amount of frontage on state highway and on other abutting public roads, if any;  
 (B) Any existing access or easements of access on the property;  
 (C) Highway and driveway plan profile;  
 (D) Location of proposed access with respect to property lines and to the highway; NOTE: The proposed access location should also be physically marked on the property by a stake or other clearly visible means.

(E) Design and type of construction of the proposed access;  
 (F) Drainage plans showing drive culvert/pipe and impacts to the highway right of way;  
 (G) Subdivision, zoning, or development plan, if applicable;  
 (H) Maps and letters detailing utility locations before and after development in and along the right of way;  
 (I) Signing and striping plans;  
 (J) Traffic data and traffic control plan;  
 (K) Proof of liability insurance;  
 (L) Performance Bond, if required

### Commercial Development

3. If you are requesting a permit for Commercial Development, complete the following. Applicants seeking permits for development generating high traffic volumes (over 100 trip ends in the peak hour) are advised to request a preliminary meeting with appropriate ODOT and/or local officials prior to submitting a formal application for access.

(3a) If the proposed access will serve residential development, what type (single family, apartment, townhouse) and number of units are in the proposed development?

Type of Units		Number of Units	
Type of Units		Number of Units	

(3b) If the proposed access will serve business commercial or industrial development, what types and number of businesses are in the proposed development and what is floor area square footage of each?

Type of Business		Square Footage	
Type of Business		Square Footage	

(3c) Number of vehicles using the access. Indicate if estimates are \_\_\_ Peak hour = \_\_\_ or \_\_\_ Average daily volumes = \_\_\_.

Number of Passenger Cars:	Number of Multi Units:	Total All Vehicles:
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(3d) Consulting Firm: \_\_\_\_\_ Name of Contractor: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Beautification Permit

4. If you are applying for Beautification Permit, complete the following. Please submit proof of insurance.

Insurer's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Number of adults (over 18) \_\_\_\_\_ under 18 \_\_\_\_\_ Total people \_\_\_\_\_