

1. MR 505

State of Ohio

Department of Transportation

Permit Application

See Reverse side for additional requirements

App No _____

Return To: OHIO DEPARTMENT OF TRANSPORTATION

505 S. STATE ROUTE 741

LEBANON, OHIO 45036

ATTN: PERMITS DEPARTMENT

Office Use Only	
County/	_____
Jurisdiction	_____
Rte	_____ LogPt _____
AccCat	_____

[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 () _____ (Email Required) _____

[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.)

[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: _____ Daytime 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. You will find this form at <http://www.dot.state.oh.us/planning/Corridor/AccessMgmt/Manual> on the web.

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:
---------------------------	------------------------	---------------------

(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 _____