



CITY OF WILLARD

RIGHT OF WAY EXCAVATION PERMIT

Ohio Utilities Protection Service



APPLICATION DATE: _____

APPLICANT'S NAME: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CITY, STATE, ZIP: _____

CONTRACTOR PHONE: _____

EXACT LOCATION OF PROPOSED EXCAVATION: _____

PURPOSE OF EXCAVATION: _____

START DATE: _____

COMPLETION DATE: _____

NAME OF INSURANCE CARRIER: _____

AMOUNT OF INSURANCE AGAINST PUBLIC LIABILITY: _____

(ATTACH CERTIFICATE OF INSURANCE)

I affirm that the above proposed work shall be done and performed in full compliance with all of the requirements of the City relating thereto, and that I will well and sufficiently save, defend, keep harmless and indemnify the City from and against all actions, suits, claims, demands, debts, costs, charges and damages whatsoever resulting to any person or property by reason of the proposed excavation in the City right-of-way or in the performance of the work in connection therewith or in any matter or thing in relation thereto.

I affirm that the trench or excavation shall be filled in such a manner and with such material as will restore the area to its original condition; that all of the work contemplated shall be subject to the inspection and approval of the City Manager or other officer designated by Council; and that if I fail to restore the trenched or excavated area to a good condition, I will pay to the City an amount equal to the cost of the restoration by the City.

Signature of Applicant

Contractor shall call for an inspection before covering the proposed work. Please call 419.935.6555 between the hours of 8am and 5pm, Monday through Friday. Please provide as much notice as possible. Contractor is responsible to call Ohio Utilities Protection Service prior to construction. They can be reached at 800.362.2764.

Inspector

Date