

ROAD OPENING PERMIT APPLICATION

Madison Township Service Department
2065 Hubbard Rd. (440) 428-4981

Permit _____



Applicant Name: _____ Phone # _____

Location of Opening: _____ Date of Opening: _____

~ **Please provide a copy of Insurance** ~

Purpose of Opening: Sanitary Sewer Waterline Other: _____

The undersigned agrees that they will:

1. Place adequate warning devices at excavation site to warn Users of the road of the excavation.
2. Back fill with 304 Limestone (B-19).
3. Notify Madison Township Service Dept. Supervisor 24 Hours prior to road opening. (440) 428-4981
4. Excavation will conform to the provisions of Road Opening Permit Resolution #16-057
5. A copy of this permit MUST be on site of the excavation.
6. I/We, understand I/We are responsible to maintain road cut Until final repairs are made.

SERVICE DEPT. USE ONLY

1 st Inspection Date: _____
Final Inspection Date: _____
Inspected By: _____
OK for Refund:
<input type="checkbox"/> Yes <input type="checkbox"/> No

I/We, the undersigned, agree to indemnify and save harmless Madison Township against all liability or damage incurred as a result of such excavation.

This Permit is for: Less than 51% of the Road Opening - Fee: \$100 + Deposit: \$1,600.00

More than 51% of the Road Opening - Fee: \$100 + Deposit \$3,200.00

(exact cash or check to Madison Township)

Deposit Returned to:

Address: _____ City: _____

State: _____ Zip: _____

Signature of Applicant: _____

Permit Approved By: _____ Date: _____ Permit # _____

Fee Received: \$ _____ Deposit Received: \$ _____ Check # _____

Amount of Deposit Returned: \$ _____ Date Deposit Returned: _____

REFUND PER RESOLUTION # _____