Application for Work in Right-of-Way

PORTER TOWNSHIP – DELAWARE COUNTY

Applicant Information					
Applicant Name /Company Name):					
Street Address:			Phone#	()
City:		Zip:	Fax#	()
Name of Contactor / Contact Person:			Phone#	()
Type of Permit Desired: Ins	tall CulvertOthe	er work within t	he right-of-wa	ay (exp	plain Below)
Site Information					
Location of Work Road/Street Name & Address:					
Between:	Length of Property Fronta	age Fee	et		
REPLY / DIRECTIONS TO CONTRACTOR:					

Fees/ inspection / OUPS Notification

The Township must be notified at least 2 working days in advance of the final grading inspection and erosion control inspection.

The Applicant must contact the Ohio Utilities Protection Service regarding this improvement prior to starting work.

The Township requires 5 working days to process this application.

Signature of Applicant

Signature for Township Approval

By: Eddy Ambrose

Date

Date