

VILLAGE OF SOUTH RUSSELL
DIVISION OF BUILDING & ZONING
5205 CHILLICOTHE ROAD
SOUTH RUSSELL, OHIO 44022
(440) 338-6700 Ext. 233 FAX (440) 338-1606
www.southernrussell.com

RIGHT-OF-WAY PERMIT APPLICATION

CONTRACTOR: _____ DATE _____

JOB ADDRESS/LOCATION: _____ HOMEOWNER _____

STORM DRAINAGE SANITARY SEWER CULVERT PIPING
 NEW INSTALLATION EXCAVATING/GRADING REPLACEMENT INSTALLATION
 ENTERING STORM SEWER OPEN DITCH OTHER

DESCRIPTION OF WORK TO BE PERFORMED: _____

DATE WORK TO BE STARTED: _____ DATE TO BE COMPLETED: _____

TOTAL AMOUNT OF CONTRACT: _____ BONDING ON FILE? _____

SUBMIT THREE (3) SETS OF DETAILED LAYOUTS, SHOWING TOTAL EXTENT OF WORK, BOTH ON AND OFF THE RIGHT OF WAY INCLUDING DEPTHS, WIDTHS, CONTOURS, ELEVATIONS, AMOUNT OF FALL, PIPE SIZES, TYPES OF MATERIALS, BEDDING MATERIALS AND COVER MATERIALS.

AGREEMENT: IN CONSIDERATION OF RECEIVING A PERMIT FOR WORK IN THE RIGHT OF WAY, THE UNDERSIGNED AGREES TO CONFORM TO THE RULES AND ORDINANCES OF THE VILLAGE OF SOUTH RUSSELL AND THE LAWS OF THE STATE OF OHIO REGULATING WORK IN THE RIGHT OF WAY, AND FURTHER AGREES THAT A ROUGH-IN INSPECTION AND A FINAL APPROVAL WILL BE SECURED FROM THE DEPARTMENT OF BUILDING SAFETY INSPECTION BY CALLING 440-338-6700 EXT. 233 FOR SCHEDULING INSPECTIONS. INSTALLER OR CONTRACTOR IS REQUIRED TO BE A REGISTERED VALID CONTRACTOR WITH THE VILLAGE.

BUILDING DEPARTMENT: (REQUIRES \$50.00 FEE)

REVIEWED BY: _____ DATE: _____ () APPROVED () DISAPPROVED

REASONS: _____

BONDING REQUIRED: _____ ENGINEER'S REVIEW REQUIRED? _____

ENGINEER'S DEPARTMENT: (REQUIRES \$500.00 DEPOSIT)

REVIEWED BY: _____ DATE: _____ () APPROVED () DISAPPROVED

REASONS: _____

BONDING REQUIRED: _____ SPECIAL INSTRUCTIONS: _____

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