City of Akron Plans and Permits Center
1030 E. Tallmadge Ave.
Akron, Ohio 44310
330 375-2010
Plans&Permits@ci.akron.oh.us

Location of work (address and/or intersection. If multiple locations, attach a list, or drawings showing each proposed location)**:**_____

Name and telephone number of person completing application:_____

_____

Circle permits requested: Right-of-Way (ROW) ROW Occupation

Oversize House/Load Moving Sanitary Sewer Tap Storm Sewer Tap

Description of work:_____

_____

_____

_____

_____

_____

Drawing(s) attached? (Required for all proposed curb cuts, driveways, and excavations longer than 12 feet measured parallel to the roadway) Yes No

Estimated duration of right-of-way occupation (business days)**:**_____

Planned working hours (such as 8:00 a.m. to 4:00 p.m.)**:**_____

Planned start date:_____

List all work you are requesting the City to provide, including estimated quantities:_____

_____

_____

Description of traffic control measures (Permittee shall provide traffic control)**:**_____

_____

Owner of utility or benefiting property:

Contact person (name & title)_____

Telephone Number_____ E-Mail_____

Company _____

Address_____

Insurance certificate on file at Plans and Permits? Yes No

General contractor:

Contact person (name & title)_____

Telephone Number_____ E-Mail_____

Company _____

Address_____

Insurance certificate on file at Plans and Permits? Yes No

Subcontractor:

Contact person (name & title)_____

Telephone Number_____ E-Mail_____

Company/Trade_____

Address_____

Insurance certificate on file at Plans and Permits? Yes No

Copy this page and complete the subcontractor section for any additional subcontractors as necessary to include all contractors that will be working in the right-of-way.

Party to receive deposits when released by City: (name, address, telephone, & Federal Employer Tax ID number)_____

_____

_____