

APPLICATION FOR PERMIT TO OCCUPY A PORTION OF THE RIGHT-OF-WAY

CITY OF AKRON, OHIO
Plans & Permits
1030 E Tallmadge Ave
Akron, OH 44310

Phone: (330) 375-2010

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Date of Application: _____	Permit Fee: _____
Start Date: * _____	Completion Date: * _____
Time(s): _____	Square Footage: * _____
Contact Person: _____	Telephone #: _____
Permittee Name: _____	
Permittee Address: _____	
Insurance Expiration Date: _____	

What is the Location of the Occupancy? _____

Description of Occupancy? [i.e. sidewalk, street, parking lane ...] _____

In front / rear / side of what building, address, etc.? _____

What is the Purpose of the Occupancy? _____

How will Traffic [mobile/pedestrian] be maintained? _____