

APPLICATION FOR RIGHT-OF-WAY OCCUPANCIES PERMITS

CITY OF AKRON PLANS & PERMITS
1030 E. Tallmadge Ave.
Akron, Oh 44310

Office: 330-375-2010

Fax: 330-375-2102

Email: Plans&Permits@akronohio.gov

OFFICE USE ONLY

PERMITS # _____

DATE: _____

PROJECT ADDRESS: _____

SUITE/SPACE/PROJECT # _____

OWNER/ OCCUPANT: _____

PHONE: _____

CONTRACTOR (COMPANY NAME): _____

CONTRACTOR ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

EMAIL: _____

CONTRACTOR INSURANCE INFO: _____

CONTRACTOR INSURANCE EXPIRATION DATE: _____

AUTHORIZED SIGNATURE: _____

NOTE: All permit requests are subject to plan review and plans must be submitted to Plans & Permits Center.
Permits may not be picked up the same day as permit request.

Start Date: _____ End Date: _____

Where is the location of the Right-of-Way occupancy? _____

Description of occupancy? (e.g. sidewalk, street, parking lane) _____

In the front/rear side of what building and address? _____

What is the purpose of the occupancy? _____

How will traffic be maintained? Note: Please submit a plan showing Maintenance of Traffic (MOT) _____

| | FEE | SQUARE FEET | TOTAL |
|--|------|-------------|-------|
| Right-of-Way Occupations | \$35 | SF _____ | _____ |
| Per 100 SF for 30 days or fraction thereof | | | |
| | | TOTAL | _____ |

GENERAL INFO:

- The Permittee will be responsible for any damage to the public right-of-way due to the ROW occupancy
- The Permittee is required to contact ABM to have meters bagged if ROW occupation takes up any metered parking spaces
- The Permittee is also responsible to pay ABM the standard daily rate for the occupation of any metered parking spaces
- You can contact ABM at 330-375-2594.