APPLICATION FOR
STREET OPENING PERMIT
BELLEFONTAINE, OHIO

Date: _____

Applicant: Name _____

Street & Number _____

City & Zip _____

Phone # _____

Supervisor: Name _____

Street & Number _____

City & Zip _____

Phone # _____

Location: Street Address _____

or _____ feet N-S-E-W from _____

Position in right-of-way _____

Size of Opening: (Pavement area) _____ _____ _____ _____
length width depth sq. yds.

Pavement: Existing - Surface _____ Base _____

Proposed - Surface _____ Base _____

Size of opening (outside pavement) Surface _____ Base_____

Permit fee: $25.00 fee plus separate deposit sufficient to cover the cost of restoration. Said deposit will be returned upon satisfactory refilling of such excavation and restoration of all surfaces so disturbed.

Purpose of opening: _____

_____

Date issued _____

By _____

(Square yards = length (feet) times width divided by 9)

Approved _____

Date _____

Released _____