



Right of Way Permit Application

City of Berea
11 Berea Commons,
Berea Ohio 44017
P: (440) 826-5812
F: (440) 826-4800
rtheberge@cityofberea.org
lmarginian@cityofberea.org

Date:	*Office Use Only Certification/Permit Number:	
Project Location:		
Contractor's Name:		Registration No.:
Street Address:		
City:		State: Zip Code:
Phone:	Email:	

I certify that I am the **Owner** or **Owner Authorized Agent**
 All information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.

Print Name: _____ **Signature:** _____

INDICATE THE SCOPE OF WORK TO BE PERFORMED UNDER THE RIGHT WAY PERMIT:

<input type="checkbox"/> Electric	<input type="checkbox"/> Water Line	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Cable/Phone	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Gas Line <input type="checkbox"/> Small Cell *Separate Use Permit required per 1333 BCO

Please provide a detailed description of the work to be performed. Include purpose, type, size of pavement removal, treelawn, sidewalk repairs, or other. Also provide anticipated start date and length of time anticipated before restoration. If traffic may potentially be impacted, please provide a detailed MUTCD compliant MOT plan, including signs, barricades, etc. This includes pedestrian. Provide a detailed drawing with application. All pavement repairs shall match existing pavement. Follow the attached standards for pavement repairs.

***** DO NOT WRITE BELOW THIS LINE *****
Office Use Only

Engineer's Signature: _____ **Date:** _____

Notes:	Estimated Cost of Restoration (\$500.00 min.)	
	General Right of way of Way	\$1000.00
	Non Residential Right of way	\$ 250.00
	Residential Right of Way	\$ 50.00
	Total	