



Right of Way Permit Application

City of Berea
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Berea Ohio 44017
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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 *****

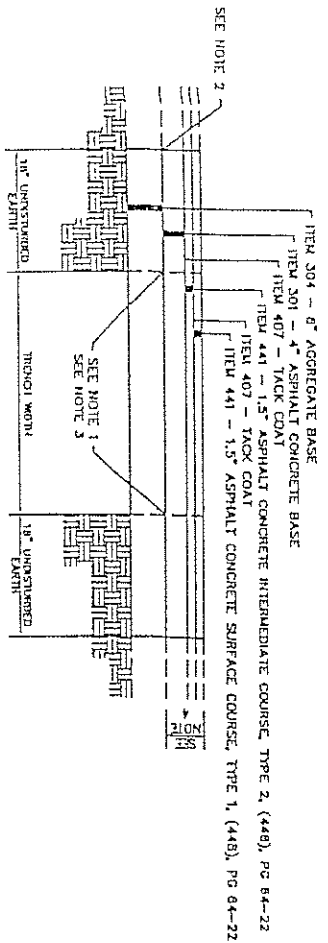
Office Use Only

Engineer's Signature: _____

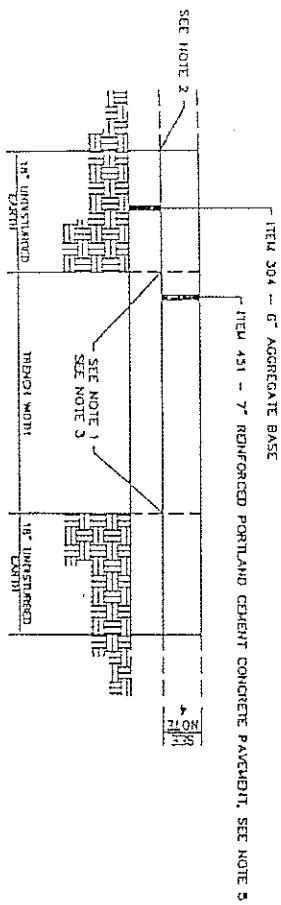
Date: _____

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	

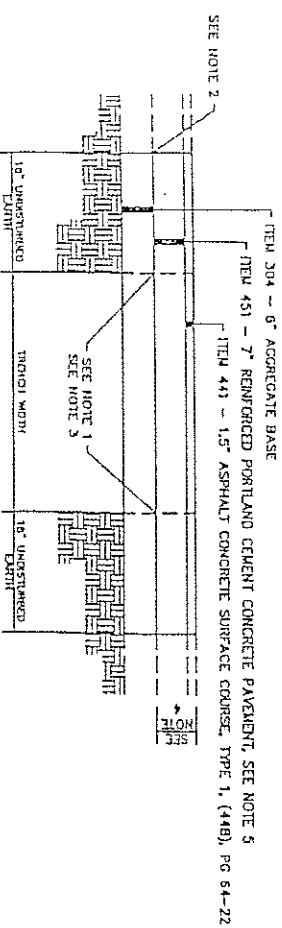
FLEXIBLE PAVEMENT REPAIR



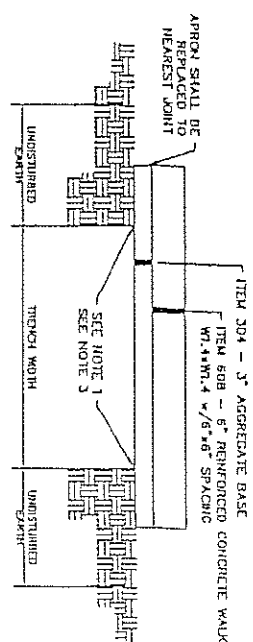
RIDGED PAVEMENT REPAIR



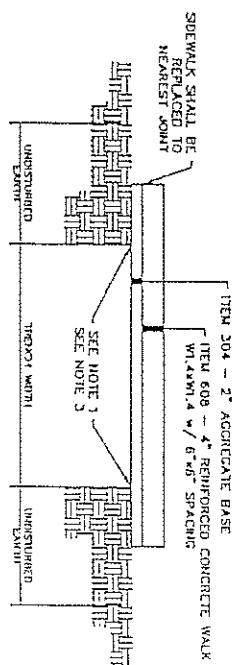
COMPOSITE PAVEMENT REPAIR



APRON REPAIR



SIDEWALK REPAIR



NOTES:

1. SAW CUT PAVEMENT FULL DEPTH THE WIDTH OF TRENCH (FIRST CUT)
2. SAW CUT PAVEMENT FULL DEPTH AFTER TRENCH IS BACKFILLED TO SUBGRADE ELEVATION, 18 INCHES WIDER THEN ORIGINAL TRENCH WIDTH. (SECOND CUT)
3. ALL TRENCHES UNDER OR WITHIN 3' OF PAVEMENT OR WALK SHALL BE FILLED WITH PREMIUM BACKFILL
4. PAVEMENT REPAIR SHALL BE HAVE A MINIMUM THICKNESS OF 7 INCHES. IF EXISTING PAVEMENT IS THICKER THAN 7 INCHES THEN MATCH EXISTING.
5. WELDED STEEL WIRE FABRIC AND EPOXY COATED DOWELS ARE REQUIRED FOR REINFORCEMENT.
 - 5.1. PAVEMENT THICKNESS < 10 INCHES
 - 5.1.1. W4xW4 WITH 6" SPACED WELDED STEEL WIRE FABRIC
 - 5.1.2. 1"x18" (#8) DOWELS SPACED AT 12 INCHES
 - 5.2. PAVEMENT THICKNESS > 10 INCHES
 - 5.2.1. W8.5xW4 WITH 6" SPACED WELDED STEEL WIRE FABRIC
 - 5.2.2. 1"x18" (#8) DOWELS SPACED AT 12 INCHES.