

APPLICATION - EXCAVATION / OCCUPANCY PERMIT
 CITY OF COLUMBUS - DEPARTMENT OF PUBLIC SERVICE - DIVISION OF INFRASTRUCTURE MANAGEMENT
 50 WEST GAY STREET, 1ST FLOOR, COLUMBUS, OHIO, 43215 / MONDAY - FRIDAY: 7:30 A.M. TO 4:00 P.M.

DATE FILED: _____

PERMIT OFFICE: (614) 645-7497

SUBMIT APPLICATION TO:
 PERMIT FAX: (614) 645-1876 OR
 E-MAIL TO: ColsPermits@columbus.gov

CHECK BOX THAT APPLIES TO TYPE OF PERMIT NEEDED:

CCC 906 PERMIT FOR NON-COMMERICAL / NON-CONSTRUCTION EVENTS

CCC 905 PERMIT FOR SIDEWALK, DRIVEWAY APPROACH, & CURB / REPLACEMENT OR NEW BUILD

CCC 903 FOR CONSTRUCTION ONLY

PLAN / DRAWING NUMBER:
 CC# DR. E. & AGR# CIP# WSP# PPP#

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TYPE OF CCC 903 PERMIT NEEDED:

OCCUPANCY	EXCAVATION
STREET <input type="checkbox"/>	STREET <input type="checkbox"/>
R.O.W. <input type="checkbox"/>	R.O.W. <input type="checkbox"/>
SIDEWALK <input type="checkbox"/>	SIDEWALK <input type="checkbox"/>

NUMBER OF CUTS IN STREET/ALLEY _____

EXCAVATION SIZE: W _____ L _____ D _____

DEPOSITS REQUIRED WHEN EXCAVATING IN ROADWAY _____

ALL EXCAVATIONS REQUIRE A BACKFILL, PAVEMENT, SIDEWALK, CURB, DRIVEWAY APPROACH INSPECTION PRIOR TO COMPLETING RESTORATIONS / MUST CALL (614) 645-7497 PRIOR TO PERFORMING ANY RESTORATIONS

APPLICANT: _____

APPLICANT'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____ TELEPHONE NO: _____

SITE-WORK CONTACT PERSON: _____ 24 HR. TELEPHONE NO: _____

LOCATION / ADDRESS OF PROPOSED WORK OR EVENT (be specific): _____

START DATE:	NUMBER OF DAYS NEEDED:	REQUESTED WORK HOURS:	TO	# OF PERMITS NEEDED:
_____	_____	_____	_____	_____

REASON FOR PERMIT (be specific): _____

VEHICLE(S) LICENSE NUMBER: _____

MORE THAN 5 CONSECUTIVE SPACES FOR MORE THAN 1 DAY OR ANY NUMBER FOR MORE THAN 14 DAYS / NOTICE TO ADJACENT BUSINESS NEEDED
 PARKING METERS NUMBERS TO BE RESERVED: _____

NEED EXACT NUMBER(S) ON METER POST (EXAMPLE - AB123)

DUMPSTER / CONTAINER OWNER NAME: _____ TELEPHONE NO.: _____

MUST HAVE REFLECTOR TYPE TAPE ON CONTAINER / DUMPSTER OR LIGHTED BARRICADES IF PLACED IN STREET

FOR OFFICE USE ONLY

PLEASE READ NOTES:

APPLICATION / REISSUE FEE IS NON REFUNDABLE
 PARKING METERS TO BE HOODED, MUST
 BE PAID 48 HRS. PRIOR TO START DATE
 MUST NOTIFY O.U.P.S. PRIOR TO EXCAVATING
 IF TREE / TREE ROOTS PRESENT, MUST NOTIFY
 CITY FORESTRY AT (614) 645-6640
 LANE / STREET CLOSURES MUST NOTIFY TRAFFIC
 COORDINATORS AT (614) 645-6269 OR 645-5845

APPLICATION PERMIT FEE	\$
REISSUE FEE	\$
PARKING METER FEE	\$
INSPECTION FEE	\$
EXCAVATION DEPOSIT	\$
PAVEMENT REPAIR DEPOSIT	\$
TOTAL PERMIT AMOUNT DUE	\$

TRAFFIC CONTROL MUST BE "SET UP" PRIOR TO WORKING IN STREET - SPECIAL DUTY POLICE OFFICER(S) REQUIRED AT SIGNALIZED INTERSECTIONS / SPECIAL DUTY POLICE OFFICER'S OFFICE (614) 645-4795

BASED ON THE TYPE OF PERMIT NEEDED, ALLOW 3 TO 10 BUSINESS DAYS FOR PROCESSING