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#

TYPE OF CCC 903 PERMIT NEEDED:

OCCUPANCY		EXCAVATION	
STREET		STREET	
R.O.W.		R.O.W.	
SIDEWALK		SIDEWALK	

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): _____

OF PERMITS NEEDED: _____

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

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 BUISNESS 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 BARRICADEDS 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