

**APPLICATION FOR PERMIT TO EXCAVATE IN STREETS,
PUBLIC R/W, ALLEYS AND TO CONSTRUCT OR RECONSTRUCT SIDEWALKS,
OR DRIVEWAYS, OR TO MAKE CURB OPENINGS
IN THE VILLAGE OF GRAND RAPIDS**

Permit No: _____

Date of Application: _____

Undersigned hereby requests permission to excavate in a street, alley, or public way for the purpose of:

Location of work: _____
(Street address, lot number, legal description)

If walk or driveway, number of sq ft: _____

If curb cut, number of lineal ft: _____

Material to be used in finish course:

<i>Type</i>	<i>Fee</i>
Water	
Sanitary	
Storm	
Sidewalk	
Drive	
Curb Cut	

The excavation will be _____ feet long and _____ feet wide. Said excavation will begin on or about _____ and completed within _____ days thereafter, which length of time is asserted by this applicant to be absolutely necessary to complete the work contemplated. Applicant agrees to conduct the work incident to the proposed improvement strictly in accordance with the ordinances, rules, and regulations of the Village of Grand Rapids or its duly authorized representative with respect to the same in force on the execution of this application, and to leave this street and/or alley where excavated in as good or better condition than before the work was accomplished. Applicant further agrees to protect the excavation area by a sufficient number of lights and related safety devices at night and by guards and other safety devices during the day so that the excavation can be distinctly seen by persons passing by during the time of work contemplated by this application is being accomplished. The Village may require scale plans showing design and elevations of all work to be performed.

The Contractor shall supply a copy of Ohio Worker's Compensation Certificate and Certificate of Liability Insurance with Village listed as additional Insured to accompany this permit for approval.

INDEMNIFICATION AGREEMENT

I, _____, agree to defend, indemnify and hold harmless the Village of Grand Rapids
(Print Name)
from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against or from the Village of Grand Rapids by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury, or death, arises out of or is incident to or in any way connected with the performance of this permit.

(signature)

Date: _____

Permit No: _____

(Applicant)

(Applicant Home Phone)

(Applicant Address)

(Applicant Work Phone)

(Name and Address of Property Owner adjoining Right-of-Way where work is to be done)

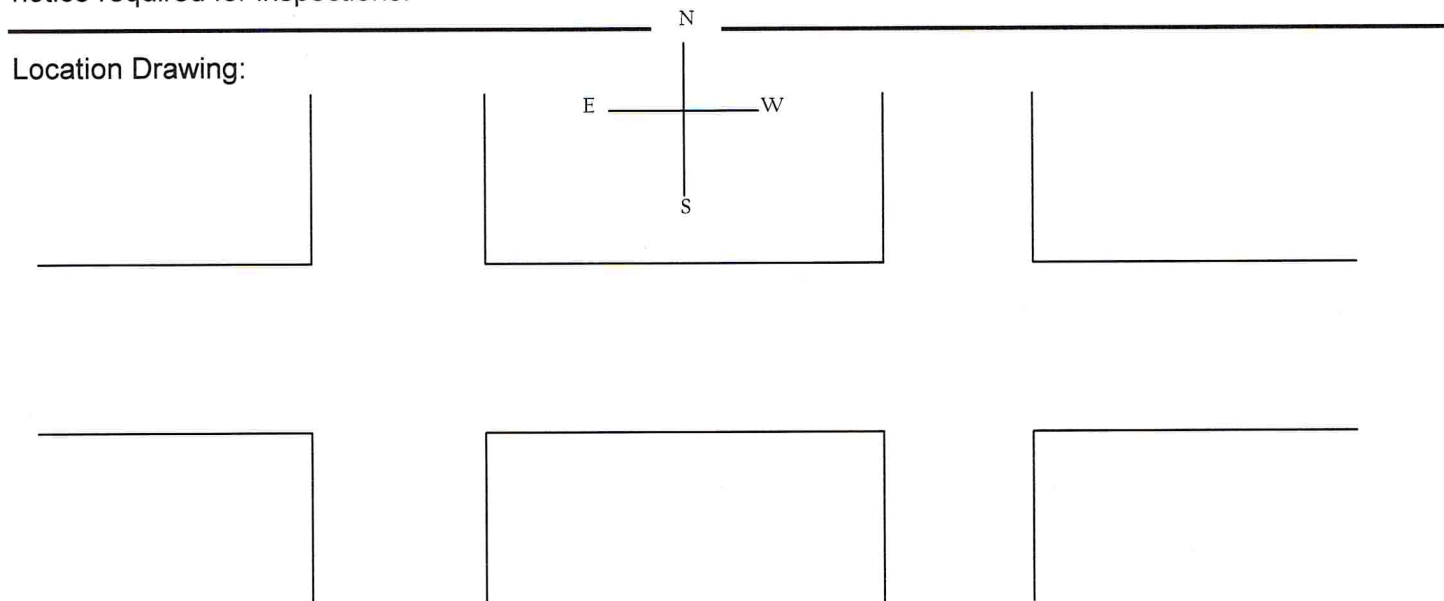
(Contractor)

(Contractor Home Phone)

(Contractor Address)

(Contractor Work Phone)

All work shall be inspected before covering. Inspection hours – Mon thru Fri 8:30 am – 4:00 pm. 24 hours notice required for inspections.



To Be filled out by the Village of Grand Rapids:

Village Administrator

Date: _____

Application Approved/Permit Granted: YES NO

Work Inspected: _____

Date: _____

Completed
Work Inspected: _____

Date: _____

***** Call 1-800-362-2764 48 hours before you dig! *****