

**ROAD OPENING PERMIT APPLICATION**

Madison Township Service Department  
2065 Hubbard Rd. (440) 428-4981

Permit \_\_\_\_\_



Applicant Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Location of Opening: \_\_\_\_\_ Date of Opening: \_\_\_\_\_

~ *Please provide a copy of Insurance* ~

Purpose of Opening:  Sanitary Sewer  Waterline  Other: \_\_\_\_\_

**The undersigned agrees that they will:**

1. Place adequate warning devices at excavation site to warn Users of the road of the excavation.
2. Back fill with 304 Limestone (B-19).
3. Notify Madison Township Service Dept. 24 Hours prior to road opening. (440) 428-4981
4. Excavation will conform to the provisions of Road Opening Permit Resolution #16-057
5. A copy of this permit **MUST** be on site of the excavation.
6. I/We, understand I/We are responsible to maintain road cut Until final repairs are made.

<b>Service Dept Use Only</b>
1 <sup>st</sup> Inspection Date: _____
Final Inspection Date: _____
Inspected By: _____
OK for Refund:
<input type="checkbox"/> Yes <input type="checkbox"/> No

I/We, the undersigned, agree to indemnify and save harmless Madison Township against all liability or damage incurred as a result of such excavation.

**Payment: \$3,200.00 - (\$100 Permit Fee + \$3,100.00 refundable down payment after 90 days)**  
(exact cash or check to Madison Township only)

Deposit Returned to:

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**Permit Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Permit #** \_\_\_\_\_

**Fee Received: \$** \_\_\_\_\_ **Deposit Received: \$** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Amount of Deposit Returned: \$** \_\_\_\_\_ **Date Deposit Returned:** \_\_\_\_\_

**REFUND PER RESOLUTION #** \_\_\_\_\_