Total Fee: $

Receipt # _____

By: _____

CITY OF AVON

36080 Chester Road · Avon, OH 44011 · Phone (440) 937-7800 · Fax (440) 937-7824 · www.cityofavon.com

RIGHT OF WAY PERMIT APPLICATION **R-O-W PERMIT NUMBER** _____

( ) Residential ( ) Commercial

WORK TYPE: CHECK BELOW ALL THAT APPLY			
☐ Electric	☐ Fiber Optic	☐ Telephone	☐ Cable
☐ Sanitary Sewer	☐ Water Line	☐ Utility Pole	☐ Tree Trimming
☐ Dumpster/Storage Unit	☐ Roadway	☐ Curb	☐ Driveway Apron
☐ Other	☐ Aerial Work	☐ Underground Work	

LOCATION OF WORK	
Address:	
Permanent Parcel Number:	*Date Work Will Start:*
Number of Days to Complete Project:	

APPLICANT INFORMATION	CONTRACTOR INFORMATION
Name:	*Name:*
Address:	*Address:*
City, State, Zip Code:	*City, State, Zip Code:*
Email:	*Email:*
Phone:	*Phone:*

Description of Work/Comments: _____

Note: Please attach all drawings pertaining to this request.

Signature of Applicant/Agent: _____ Date: _____

The above application for R-O-W Permit has been ( ) Approved ( ) Rejected - More Information Required ( ) Denied

By: _____ Date: _____

City of Avon Safety/Service Director

** Submit form to the Service Department: rightofway@cityofavon.com