

APPLICANT RESPONSIBILITY

If this permit is granted, I/we agree to comply with all the conditions, restrictions and regulations of the City of Medina Engineering Department. I/we also agree to notify the Engineering Department a minimum of 24 hours in advance of any work. I/we also understand that it is solely my/our responsibility to notify the Ohio Utilities Protection Service (OUPS) a minimum of 48 hours in advance of any excavation.

If this permit is granted, I/we agree and acknowledge that it is solely my/our responsibility to return the affected area to its original condition as soon as reasonably possible. I/we also understand that the City of Medina may require the issuance of a bond or other financial guarantee to cover the cost of any restoration work. A written summary of this requirement will be attached to the permit.

I/we also agree that while excavating within the City right-of-way, I/we will utilize signs, lights, barricades, flagmen and/or watchmen as necessary to insure the safety of both the construction workers and the traveling public. All said safety devices shall be in compliance with the Ohio Manual of Uniform Traffic Control Devices for Streets and Highways.

I/we understand that this work is being completed within the City right-of-way, as such, I understand that the City maintains the right to remove, alter, or otherwise disturb this area for any reason. Further, I/we understand that the City will restore the affected structure, area or improvement to the level required by City of Medina specifications. The City will NOT restore any affected structure, area or improvement to a level in excess of the level required by City specifications, EVEN IF the existing structure, area or improvement that is disturbed was originally installed at a level in excess of or in addition to the level specified by the City of Medina.

Applicant Signature

Status of Permit:
(To be completed by Engineering Department)

_____ Approved (approval date: _____)

_____ Rejected (rejection date: _____)

Reason for Rejection: _____

• Reviewer's Signature: _____

Inspection Record:
(To be completed by Inspector):

- Date of First Inspection: _____
 - Accepted?: _____ YES _____ NO
 - If no, state reason: _____

 - Inspector's Signature: _____
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- Date of Second Inspection: _____
- Accepted?: _____ YES _____ NO
 - If no, state reason: _____

- Inspector's Signature: _____