

**SYMMES TOWNSHIP
9323 UNION CEMETERY ROAD
SYMMES TWP, OH 45140-9386**

RENEWED PERMIT _____

683-6644

RECEIPT # _____

APPLICATION FOR PERMIT TO CONSTRUCT OR RECONSTRUCT ONE OR MORE DRIVEWAYS

PERMIT NO. _____

DATE _____

(PLEASE PRINT)

Owner's Name _____

Owner's Address _____ Phone No. _____

Contractor's Name _____

Contractor's Address _____ Phone No. _____

Subdivision _____ Lot No. _____ Job No. _____ Bldg. Permit No. _____

W ^N E Side _____ Street, at No. _____
S

_____ feet W ^N E from intersection of _____ Street or Road
S

REMARKS _____

Driveway Surface: Concrete _____ Blacktop _____ Other _____

Type of Work: Residential _____ Reconstruct _____

Commercial _____ Other _____

Permit Will Expire: Month _____ Day _____ Year _____

Plans Attached: Yes _____ No _____. If answer is no, please state reason in full: _____

I hereby agree to all terms, conditions and restrictions written or printed below and to the Driveway Regulations of Symmes Township, including the precautions for the protection of the public and all utilities within the public right-of-way and to any and all installations in and around said driveway. If work done under this permit involves or endangers structures belonging to others, I shall immediately notify the owner.

This permit may at any time be revoked or annulled by Symmes Township for non-performance and/or non-compliance with any of the conditions, restrictions, and/or regulations. Violations of or non-compliance of said regulations are subject to penalties provided by Sections 5571.99 and 5589.99(D) of the Ohio Revised Code.

At all times during the progress of the work, adequate protection and passage shall be provided by the permit holder for the traveling public.

Plans and/or application must be approved and permit secured before commencing work. Township regulations require that you notify the Township Road Superintendent in writing or call 683-6644 or 683-5626 (between 8:30 a.m. and 4:30 p.m.) forty-eight (48) hours before starting construction.

Approved _____

Signed _____
(Applicant)

Date _____

Dated _____