



## **Right-of-Way Use Permit Application Process**

85 Commerce Street, Lockbourne, Ohio 43137 • Phone: (614) 491-3161 • [www.lockbourneohio.us](http://www.lockbourneohio.us)

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### **To Whom It May Concern:**

Pursuant to your recently received request, enclosed please find a copy of the Village of Lockbourne, Ohio's Ordinance 15-2014 and a Right-of-Way Permit Application.

With the adoption of the Village's Right of Way Ordinance, "no person shall use, occupy, construct, own or operate structures or facilities in, on, under, or over any Rights-of-Way within the Village of Lockbourne, or public property owned by the Village, unless such person first obtains a "Right-of-Way Permit" and conforms to the requirements set forth within said Permit, Village Ordinance 15-2014", and any accompanying Rules and Regulations.

Please refer to the enclosed copy of Ordinance 15-2014 and the Rules and Regulations when filling out your Right-of-Way Permit Application. Sections 1.07 E and F of the Ordinance provides detailed information regarding the elements required for submission of the Right-of-Way Permit Applications. Follow these directions carefully to avoid a delay in the processing of your Permit Application.

Right-of-Way Permit Application may be returned with all applicable exhibits and attachments to:

Kendall Collins, Village Administrator  
85 Commerce Street  
Lockbourne, Ohio 43137  
614.491.3161  
[village.admin@lockbourneohio.us](mailto:village.admin@lockbourneohio.us)



Application/Permit # \_\_\_\_\_ - \_\_\_\_\_

## Application for Right-of-Way Permit

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**ALL FEES ARE NON-REFUNDABLE • Please type or print all information**

\_\_\_\_ Exhibit "A" (CHECK HERE IF RENEWAL)

### APPLICANT INFORMATION: (please print or type)

Corporate Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Corporate Address: \_\_\_\_\_

Fax # \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone # \_\_\_\_\_

Contact Person Address: \_\_\_\_\_

Fax # \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Ohio Utilities Protection Service Registration # (if applicable)

\_\_\_\_\_

24 Hour Emergency Contact People (in order to be contacted) with below information

- Name
- Business #
- Mobile #

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

TYPE OF PERMIT APPLYING FOR	FEE*
General Right-of-Way (with a Service Permit)	No Charge
General Right-of-Way (without a Service Permit)	\$1,000.00
Special Right-of-Way (non-residential)	\$500.00
Special Right-of-Way (residential)	\$50.00
<b>* Please note all application fees must be paid at the time the application is submitted</b>	

### LENGTH OF PERMIT TERM:

MAXIMUM ALLOWABLE (Check one)

- ☐ GENERAL PERMITS (10 years)  
☐ SPECIAL NON-RESIDENTIAL PERMITS (3 years)  
☐ SPECIAL RESIDENTIAL PERMITS (unlimited)  
☐ **SHORTER TERM AS REQUESTED HEREIN** (define) (\_\_\_\_\_  
☐ **OTHER** (\_\_\_\_\_)

**THE FOLLOWING INFORMATION MUST BE PROVIDED, LABELED AND IDENTIFIED IN THE ORDER AND MANNER SHOWN BELOW FOR YOUR APPLICATION TO BE CONSIDERED "COMPLETE". AN OFFICER OF THE COMPANY OR OTHER LAWFULLY AUTHORIZED INDIVIDUAL MUST SIGN YOUR APPLICATION.**

General Right-of-Way Permits will require the following Exhibits: **B (in place of C, D, E, H); F; G; I; J; K; L and M (when requested).**

Special Right-of-Way Permits for Non-Residential Purposes require the following Exhibits: **B (in place of C, D, E, H); F; I; J; L and M (when requested).**

Special Right-of-Way Permits for Residential Purposes require the following Exhibits: **F; I; J and M (when requested).**

\_\_\_\_\_ **Exhibit "B"** A copy of any applicable valid certification from the Public Utilities Commission of Ohio including certification pursuant to R.C. 4933.81, et seq. (Labeled Exhibit "B"). **NOTE:** If an Applicant possesses said certification, the Applicant shall be presumed to possess the required financial, technical, and managerial resources and will provide Exhibit B in lieu of Exhibits C, D, E, and H.

\_\_\_\_\_ **Exhibit "C"** A detailed statement of the Applicant's corporate, or other business entity or organization, including, but not limited to, the following: the names, titles, and business addresses of all Officers, and/or Directors of the Applicant; the names and addresses of any parent or subsidiary company of the Applicant and of any other business entity owning or controlling in whole or in part, or owned or controlled in whole or in part by the Applicant, and a statement describing the nature of any such parent or subsidiary business entity; (Labeled Exhibit "C").

\_\_\_\_\_ **Exhibit “D”** A detailed description of the Applicant’s previous experience in providing related and/or similar services as those proposed in conjunction with said application; (Labeled Exhibit “D”).

\_\_\_\_\_ **Exhibit “E”** A detailed and complete financial statement of the Applicant, prepared by a Certified Public Accountant, for the fiscal year next preceding the date of said application, or a letter or other acceptable evidence in writing from a recognized lending institution or funding source, addressed to both the Applicant and the Village, setting forth the basis for a study performed by such lending institution or funding source, and a clear statement of its intent as a lending institution or funding source to provide whatever capital shall be required by the Applicant to construct and operate the proposed system in the Village, or a statement from a Certified Public Accountant, certifying that the Applicant has available sufficient free, net and uncommitted cash resources to construct and operate the proposed system and/or facility in the Village; (Labeled Exhibit “E”).

\_\_\_\_\_ **Exhibit “F”** A statement certifying that the Applicant is not delinquent on any taxes or other obligations to the Village or Franklin County; (Labeled Exhibit “F”).

\_\_\_\_\_ **Exhibit “G”** A statement identifying any Service Permits awarded to the Applicant, its parent or subsidiary, from the Village of Lockbourne (Labeled Exhibit “G”).

\_\_\_\_\_ **Exhibit “H”** A detailed description of the proposed plan of operation of the Applicant; (Labeled Exhibit “H”).

\_\_\_\_\_ **Exhibit “I”** A detailed map of facilities in or proposed to be in the Right-of-Way prepared in accordance with the requirements of Chapter 910, and as further defined within the “Mapping Requirements” section of the General Rules and Regulations (copy attached); (Labeled Exhibit “I”).

\_\_\_\_\_ **Exhibit “J”** A non-refundable application fee (initial, renewal, and/or transfer) in the appropriate sum for the type of Right-of-Way Permit requested **payable to the VILLAGE OF LOCKBOURNE**; (Labeled Exhibit “J”).

\_\_\_\_\_ **Exhibit “K”** A copy of any agreement as described in Section 910.06(A9) of the Comprehensive Right-of-Way Ordinance (copy attached); (Labeled Exhibit “K”).

\_\_\_\_\_ **Exhibit “L”** For all “General Right-of-Way Permits” and “Special Right-of-Way Permits for Non-Residential Purposes”, Applicants shall provide a copy of an insurance policy as per Section 2.6 of the General Rules and Regulations (copy attached).

**Please Note**, those Applicants maintaining a net book value in excess of ten million dollars (\$10,000,000) may submit a statement requesting to self- insure, thereby seeking exemption from the insurance requirements required in the General Rules and Regulations; (Labeled Exhibit “L”).

\_\_\_\_\_ **Exhibit “M”** The Village reserves the right to request any additional information as necessary to ensure compliance with Section 910.05 (Labeled Exhibit “M”).

On behalf of \_\_\_\_\_ I hereby certify that to the best of my knowledge the above information is complete and correct as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**STATE OF OHIO**  
**COUNTY OF \_\_\_\_\_, SS:**

Before me, a Notary Public in and for said State and County, personally appeared \_\_\_\_\_, on

behalf of \_\_\_\_\_ its

\_\_\_\_\_, who acknowledged the signing of the foregoing Application.

**IN WITNESS WHEREOF**, I have hereunto signed my name and affixed my official seal on the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ (seal) Notary Public

**OFFICE USE ONLY**

Date received: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Check received: Yes \_\_\_\_\_ No \_\_\_\_\_

Transportation recommendation: Approval Denial

Public Service Director recommendation: Approval Denial

Right-of-Way Board finding: Approved Denied

Signature: \_\_\_\_\_