



ENGINEERING DEPARTMENT
BUILDING & ZONING
304 PUTNAM STREET
MARIETTA, OHIO 45750

(740) 373-5495 OFFICE
(740) 376-2006 FAX

CITY OF MARIETTA, OHIO

APPLICATION FOR ACCESS PERMIT

(PLEASE PRINT)

PROPERTY OWNER'S NAME: _____ PHONE: _____

OWNER'S ADDRESS: _____

LESSEE'S NAME (If One): _____ PHONE: _____

PROJECT ADDRESS: _____ PARCEL # 24- _____

PRESENT / PROPOSED USE OF PROPERTY: _____

WIDTH OF ACCESS REQUESTED: _____ WILL CURB NEED CUT? _____

TYPE OF STREET / ALLEY SURFACE AT ACCESS LOCATION: _____

TYPE OF DRIVEWAY SURFACE PROPOSED: _____

WILL A CULVERT BE NEEDED? _____ IF SO, DIAMETER: _____ LENGTH: _____
(10" MIN.) (16"

MIN.)
TYPE OF CULVERT: _____

ARE ANY TREES LOCATED ON THE CITY RIGHT-OF-WAY WITHIN TWENTY-FIVE (25) FEET OF THE DRIVEWAY? _____

ESTIMATED START DATE: _____ ESTIMATED NUMBER OF DAYS TO COMPLETE: _____

SUBMITTED WITH THIS APPLICATION SHALL BE A DETAILED SITE PLAN OF THE PROPERTY, SHOWING ALL STRUCTURES, PROPERTY LINES AND THE LOCATION OF THE PROPOSED ACCESS, INDICATING THE WIDTH AND LENGTH OF THE DRIVEWAY. ALSO SHOWN, SHALL BE ANY TREE LOCATED ON CITY RIGHT-OF-WAY WITHIN TWENTY FIVE FEET (25') OF THE DRIVEWAY.

IF THIS PERMIT IS GRANTED, I/WE AGREE TO COMPLY WITH ALL THE CONDITIONS, RESTRICTIONS AND REGULATIONS OF THE CITY OF MARIETTA IN SUCH CASES MADE AND REQUIRED.

IF THIS PERMIT IS GRANTED, IT IS DONE SO UPON THE EXPRESS CONDITION THAT THE APPLICANT HEREIN INDEMNIFY AND HOLD HARMLESS THE CITY OF MARIETTA, OHIO, ITS OFFICERS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS FROM ANY AND ALL LIABILITY ARISING OUT OF THE GRANTING OF SAID ACCESS PERMIT AND THE USE OF SAID STREET RIGHT-OF-WAY, AND THE APPLICANT IMPOSE AN IDENTICAL REQUIREMENT UPON HIS/HER SUCCESSORS IN TITLE.

(SIGNATURE OF OWNER OR AGENT)

(SIGNATURE OF LESSEE OR AGENT)

(DATE)

(DATE)

OFFICE USE ONLY:
ACCESS PERMIT # _____
DATE ISSUED: _____
APPLICANT: _____
ZONING DISTRICT: _____

DO NOT FILL OUT THIS SIDE - FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____

RECOMMENDATIONS: _____

(CITY ENGINEER OR ASSISTANT)

(DATE)

DOES APPLICATION REQUIRE COUNCIL APPROVAL: _____ YES _____ NO

DATE COUNCIL APPROVED / DENIED APPLICATION: _____

DOES APPLICATION REQUIRE TREE COMMISSION APPROVAL: _____ YES _____ NO

REASON: _____

DATE APPLICATION SENT TO TREE COMMISSION: _____

(SIGNATURE OF TREE COMMISSION CHAIRMAN)

(DATE)

RECOMMENDATION
ATTACHED

APPLICATION APPROVED FOR ISSUING: _____ YES _____ NO

(SAFETY SERVICE DIRECTOR)

(DATE)