Jackson Township Muskingum County, Ohio

Application for Permit to Make Any Excavation in a Jackson Township Highway or Highway Right-Of-Way

Instructions

Pursuant to Jackson Township Board of Trustees Resolution Number 3012025, any person, before making any excavation in a Jackson Township highway or highway right-of-way within the jurisdiction of Jackson Township, except an excavation to repair, rehabilitate, or replace a pole already installed for the purpose of providing electric or telecommunications service, must first obtain a permit from Jackson Township for making any such excavation.

This requirement of a permit from Jackson Township is in addition to, and not in place of, obtaining a permit for such excavation as may be required by Muskingum County, Ohio.

No application or fee shall be required for an excavation project to install five or fewer poles for the purpose of providing electric or telecommunications service, but the person making that excavation shall provide verifiable notice of the excavation a the Jackson Township Trustee at least three (3) business days

Requirements

- 1. A separate application shall be completed and submitted for each excavation to be made.
- 2. The following shall be submitted with the application. Submission of the items listed, by way of example and not of limitation, shall be a condition of granting the permit.
 - a. The applicant shall submit plans indicating the location, size, type, and duration of the excavation contemplated;
 - b. The applicant shall specify methods of excavation, refilling, and resurfacing to be followed that meet or exceed Ohio Department of Transportation Construction and
 - c. The applicant shall, by executing the indemnification agreement attached hereto, hold Jackson Township harmless against liability and/or damage as a result of the excavation;
 - d. The applicant shall post a deposit or bond, with sureties to the satisfaction of the Board, conditioned upon the performance of all conditions met.

The applicant agrees to provide and place such warning devices as the Board considers necessary to protect travelers on the road and to ensure their safety.

The applicant must contact Ohio Utilities Protection Service (OUPS) prior to any excavation and allow OUPS sufficient time to notify the applicant of any utilities that may interfere with the excavation.

Muskingum County maintains four policies that Jackson Township also elects to maintain.

- a. Pavement cuts are not permitted in Muskingum County.
- b. The "Frost Period" shall run between December 1 and April 1, and during this period there shall be no work in a highway right-of-way.
- c. Depth of pipe line: a minimum of 36 inches below ditch or channel, and a minimum of 36 inches around cross culverts and bridges.

d. Depth of buried service cable: a minimum of 24 inches below pavement, and a minimum of 36 inches below ditch or channel, and a minimum of 36 inches around cross culverts and bridges.

Policies (a) and (b) may be altered at the discretion of the Jackson Township Trustees.

The applicant must contact the Muskingum County Highway Department a minimum of twenty-four (24) hours in advance to commencing work covered by this permit.

Jackson Township requires 21 working days to process this application.

Following the making of the excavation, Jackson Township reserves the right to inspect any excavation made to assure compliance with plans and specifications submitted with this Application and/or requirements made by Jackson Township as a condition of approving the permit.

Persons failing to comply with the approved permit, or failing to obtain a permit, shall be notified in writing by the Township and shall be responsible for eliminating the violation and/or returning the right-of-way to its original condition. Persons failing to come into compliance within the period specified by the Township's written notice will be subject to those penalties set forth in Section 5571.99 of the Ohio Revised Code.

Jackson Township Muskingum County, Ohio

Applicant Information

Applicant Name (Company Name):
Mailing Address:
Phone Number:
Fax Number:
Phone Number (24-Hour Emergency Number):
Contact Person:
Worksite Information
Road Name:
Township Road Number:
Description of Specific Location on Road where Work is to be Completed:
Description of Work Type of Work: Excavation
Location: Roadway Between Roadway and Boundary of Right-of-Wa
Brief Description of Work (Including Estimated Start and Completion Dates):
Please Attach Detailed Specifications as Exhibit "A."

Statement of Indemnity

To the fullest extent permitted by law, I shall indemnify and save and hold free and harmless the Jackson Township Board of Trustees and Jackson Township, its officers, employees, agents, servants, and volunteers from any and all actions, claims, demands, judgments, damages, losses, and expenses, whether direct or indirect, including but not limited to attorney's fees, arising from any accident or occurrence related in any manner to the excavation(s) proposed in this Application. I shall undertake to defend, at my own expense, any and all actions, claims, or demands brought against the Jackson Township Board of Trustees and Jackson Township, its officers, employees, agents, servants, and volunteers by reason of or related in any manner to the excavation(s) proposed in this Application, and to pay, settle, compromise and procure the discharge of any and all judgments, damages, losses and expenses, including but not limited to attorney's fees.

I, and anyone I employ by reason of or related in any manner to the excavation(s) proposed in this Application, am an/are independent contractor(s) and as such shall not at any time be considered an officer, employee, agent, servant, or volunteer of Jackson Township.

I understand and I agree to carry such bodily injury and property damage liability insurance as will protect myself, anyone I employ, and Jackson Township against any and all claims for personal injury, including death, or property damage, which may arise from or be related in any manner to the excavation(s) proposed in this Application.

By signing below, I indicate that I have fully read, understand, and agree to all terms of the above Statement of Indemnity.

Applicant's Signature	Date

Jackson Township Muskingum County, Ohio

By signing below, I indicate that I have fully read, understand, and agree to all terms of this Application.

Applicant's Signature	Date
For Township Use Only	
Permit Number:	
Approved: Approved with Conditions:	Denied:
Reasons for Denial:	
Conditions of Approval:	
All fees/security deposit paid (receipt number):	
Approval	
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Trustee	Date
Trustee	Date
Trustee	Date
Final Inspection Approval	Date
Inspector	Date

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