



STREET OPENING APPLICATION

Zoning District _____

Project Address:	
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APPLICANT NAME:		PHONE		EMAIL	
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PROPERTY OWNER INFORMATION					
Name					
Mailing Address					
City		State		Zip Code	
Phone Number			Alternate Phone		
Fax Number			Email Address		

CONTRACTOR INFORMATION					
City of Tallmadge Contractor Registration # _____					
Contractor working in the right-of-way is required to register with the City					
Name					
Mailing Address					
City		State		Zip Code	
Phone Number			Alternate Phone		
Fax Number			Email Address		

SELECT ALL THAT APPLY:		
<input type="checkbox"/> PRECONSTRUCTION APPROACH	\$50	BOND \$100
<input type="checkbox"/> CONCRETE APPROACH	\$50	BOND \$100
<input type="checkbox"/> DITCH ENCLOSURE	\$50	BOND \$100
<input type="checkbox"/> CURB CUT	\$50	BOND \$100
<input type="checkbox"/> DRIVEWAY PIPE	\$50	BOND \$100
<input type="checkbox"/> SIDEWALK	\$50	BOND \$100
<input type="checkbox"/> UTILITY IN ROW*	\$50	BOND* \$ _____
<i>*To be determined by Director of Public Service</i>		
Total: \$ _____		Total Bond \$ _____

SIDEWALK ONLY
\$50 for first 100 feet and an additional \$10 for each additional 10 feet or part thereof thereafter \$ _____

All easements under compliance? Yes or No Riparian Setbacks under compliance? Yes or No
 Applicant is / is not aware of deed or Homeowner's Association Restrictions.

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION IN AND WITH THIS APPLICATION IS TRUE AND ACCURATE, AND CONSENTS TO AGENTS OF THE CITY ENTERING PREMISES FOR INSPECTION AND VERIFICATION OF INFORMATION SUBMITTED IF THIS APPLICATION IS APPROVED.

____ I UNDERSTAND THAT I MUST CONTACT THE CITY OF TALLMADGE STREET DEPARTMENT AT 330-633-5130 FOR PRE- AND FINAL INSPECTIONS.

Applicant Signature: _____ Date: _____

City of Tallmadge Approval: _____ Date: _____