



## TOWNSHIP OF FRANKLIN STREET OPENING APPLICATION

1. Applicant's Name: \_\_\_\_\_
2. Business Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Business \_\_\_\_\_ Cell or Emergency Contact  
 \_\_\_\_\_ Fax Email Address: \_\_\_\_\_
3. Address of Street to be Opened: \_\_\_\_\_
4. \*Type of Street: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
 \* (Improved – oil & stoned, asphalt, concrete, etc. or Unimproved – gravel, dirt, etc.)
5. Size of Opening: Width: \_\_\_\_\_ FT. Length: \_\_\_\_\_ FT. Depth: \_\_\_\_\_ FT.
6. Disposal Location of excavated fill: \_\_\_\_\_
7. Starting Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_
8. Purpose of Opening: \_\_\_\_\_
9. Street Closure Required/Requested? YES NO  
 If Yes, Please provide an illustration of proposed detour route with sign locations.
10. Lane Restriction Required/Requested? YES NO  
 If Yes, Please provide an illustration of proposed traffic controls.

I (WE) AGREE TO BE BOUND BY THE PROVISION OF THE ORDINANCE, SPECIFIC TAIONS AND REGULATION OF THE TOWNSHIP GOVERNING OPENINGS IN OR UNDER MUNICIPAL STREETS AND TO SUCH SPECIAL CONDITIONS, RESTRICTIONS AND REGULATIONS AS MAY BE IMPOSED BY THE DIRECTOR. I (WE) AGREE TO HOLD THE TOWNSHIP HARMLESS FROM ANY DAMAGES RESULTING FROM THE PERMIT. I (WE) ALSO AGREE TO BE RESPONSIBLE FOR THE OPENING, EVEN THOUGH THE TOWNSHIP MAY BE REQUIRED TO INSTALL A WATER SERVICE IN THE SAME TRENCH, PROVIDING ORIGINAL OPENING WAS MADE BY THE APPLICANT.

APPLICANT'S SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_ **OCPDS CONFIRMATION NUMBER:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY**

PERMIT # \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_ CHECK# \_\_\_\_\_ DATE REC'D \_\_\_\_\_

SURETY BOND/CASH/CHECK#: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

CERTIFICATE OF INSURANCE SUPPLIED:  YES  NO

REASON REVOKED: \_\_\_\_\_ BY WHOM: \_\_\_\_\_

REASONS SUMMONS ISSUED: \_\_\_\_\_

SUMMONS ISSUED BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

APPLICATION APPROVED BY: \_\_\_\_\_

ADDITIONAL NOTES: \_\_\_\_\_