



Wayne County Engineer's Office

3151 W. Old Lincoln Way
Wooster, Ohio 44691
Phone: 330-287-5500 Fax: 330-287-5520
www.wayne-county-engineer.com

ACCESS PERMIT APPLICATION

\$50.00 fee per parcel

Name: _____

Mailing Address: _____

State: _____ Zip Code: _____ Phone Number: _____ Email: _____

Contractor for the Applicant:

Name: _____

Mailing Address: _____

State: _____ Zip Code: _____ Phone Number: _____ Email: _____

Access Location: _____ Township: _____

Type of Driveway: Residential _____ Commercial _____ Other _____

What roadway(s) is access requested from? _____

Does the property owner own or have any interest in any adjacent property? Yes _____ No _____

If yes, please describe: _____

Are there existing access easements bordering or within the property? Yes _____ No _____

Describe work to be completed (attach drawing, if applicable) _____

Provide the following vehicle count estimate for the property. Leaving the property then returning is two counts. Indicate if your counts are ___peak hour volumes, or ___average daily volumes.

Number of passenger cars and light trucks _____

Number of heavy trucks _____

Total count of all vehicles _____

IF THIS PERMIT IS GRANTED, I (WE) AGREE TO THE FOLLOWING CONDITIONS:

1. Traffic will be maintained at all times, unless permission is granted by the County Engineer to close the road. All work requiring men or vehicles in the right-of-way shall comply with all applicable requirements of the Ohio Manual of Uniform Traffic Control Devices and Item 614 (Maintaining Traffic) of the Ohio Department of Transportation Construction and Material Specifications, latest edition.
2. Lights, barricades, and if necessary, steel plates, flagmen, or watchmen will be placed on the site for the protection of traffic at all times, day and night, during the time this work is being done.
3. I (we) will assume the responsibility for and will save the County harmless from any and all claims for personal injuries and property damages arising from this work, to the extent of \$300,000/\$500,000 for personal injuries and \$200,000 for property damages. To cover this responsibility, I (we) have the following insurance which is now in force and will remain in force during the prosecution of this work.

INSURANCE INFORMATION: _____

4. I have reviewed a copy of the policies and regulations stated in the Access Management Regulations for Wayne County, Ohio. If a permit is issued, I agree to comply with all the conditions and regulations stipulated on or attached to the permit. I also understand and agree that failure to comply fully with all conditions and regulations of the permit or any change in the use of the permit inconsistent with its terms and conditions will be considered a violation and cause for suspension, revocation, or annulment of the permit thereby rendering the permit illegal and subject to appropriate action, up to and including removal of the installation at the permittee's expense.

<u>OFFICE USE ONLY</u>			
Date Received	\$50 Fee		
Approved By	_____	Date	_____
CONDITIONS:	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
Normal Traffic Pace	_____	MPH	_____
Required Sight Distance	_____	Ft.	_____
Actual Sight Distance	_____	Ft. Right	_____
	_____	Ft. Left	_____

Applicant Signature

Date