



**Montgomery County Engineer's Office**  
**451 West Third Street**  
**P.O. Box 972**  
**Dayton, OH 45422-1260**  
**Phone: (937) 225-4904 Fax: (937) 496-7441**

**ACCESS PERMIT APPLICATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Contractor for the Applicant (if applicable):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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 Montgomery 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	_____
Approved By	_____ Date _____
CONDITIONS:	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date