

# **MINOR MAINTENANCE PERMIT APPLICATION**

**RIGHTS OF WAY ADMINISTRATION - CITY OF KETTERING ENGINEERING DEPARTMENT**

**3600 Shroyer Road, Kettering, Ohio 45429 - (937) 296-2436**

## **Please fill in Applicant's:**

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

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

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant has a Certificate of Registration: **Yes**  **No**

This Application must be signed by an officer of the company or other lawfully authorized individual representing the Applicant. The City reserves the right to request any additional information as necessary to ensure compliance with applicable law.

The Applicant, on behalf of its heirs, successors, administrators and assigns, hereby agrees that the Minor Maintenance Permit, if granted, may be revoked in accordance with Chapter 901 of the City of Kettering Codified Ordinances or other applicable law. Applicant also hereby agrees to comply with all ordinances of the City of Kettering, whether now in force or hereafter enacted or amended; and that Applicant and its agents or contractors will employ protective measures and devices that, consistent with the Ohio Manual of Uniform Traffic Control Devices, will prevent injury or damage to Persons or property and to minimize disruptions to the efficient movement of pedestrian and vehicular traffic. Applicant for itself and on behalf of its heirs, successors, administrators, and assigns agrees to protect, defend, indemnify, and hold the City, its elected officials, officers, employees, volunteers, and agents free and harmless from and against any and all losses, penalties, damages, costs, or liabilities of every kind and character arising out of or in connection with any negligent acts or omissions of Applicant and its employees, officers, agents, successors, or independent contractors. Applicant agrees to pay all damages, costs, and expenses of the City, its elected officials, officers, employees, and agents in defending any action arising out of the aforementioned acts or omissions.

The undersigned hereby certifies that he/she is duly authorized to sign this application on behalf of the applicant and that to the best of his/her knowledge all information provided in this application is true and accurate as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Printed or Typed Name: \_\_\_\_\_

Title of Person Signing Above: \_\_\_\_\_

<p><b>INTERNAL USE ONLY</b></p> <p>Date Received: _____</p> <p>Approved: _____ Yes _____ No</p> <p>Recommended for Approval _____ Date _____</p>
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