

Zoning Permit Application

Milton Twp., Ohio

(330) 538-0552

The undersigned applies for a zoning permit for the following use, said permit to be used on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form to submit plans and drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot and the location and dimensions of the proposed buildings or alterations.

Application is hereby made by _____ Owner _____ Owner's Agent _____

1 Location Description: Lot: # _____ Parcel# _____

House # _____ Street _____
(Please include Plat map and legal description or copy of deed)

2 Name of Owner _____ Mailing address _____
Phone - Home _____ Business _____ Cell _____

3 Existing Use _____

4 Property presently zoned as _____

5 Proposed Use: New Construction _____ Business _____ Remodeling _____ Industry _____
Accessory Building _____ Sign _____ Size _____ Residence _____ # of units _____ Other (explain) _____

(If proposed use is business or industry, enclose a detailed description of the nature of the business or industry)

6 Material _____

7 Contractor _____ Address _____ Phone # _____

8 Est'd Cost _____

9 Type of Sewage disposal _____

10 Will lot elevation be modified or changed _____ if yes, please include erosion control plan

11 Sq. feet of living area (residence) _____ Garage _____ Basement _____

Accessory building _____ Commercial _____ Industrial _____ Office _____

12 Building heights: Stories _____ Feet _____ Width _____ Length _____

13 Yard dimensions: Front _____ Rear _____ One Side _____ Sum of side yard _____

14 Accessory building dimensions: Height _____ Side Dimensions _____

15 Number of off-street parking spaces to be provided _____

16 Number of off-street loading berths to be provided _____

17 On a separate sheet attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification

NOTE: This permit shall be void if work is not started within 6 months or completed within one year.

Signature: _____ Date: _____

(For Official Use Only)

Date Received _____

Value _____ Fee Paid _____ Permit # _____

Date of Action on Application _____ Approved _____ Denied _____

If application denied, reason for denial

Zoning Inspector

Milton Township
Street/Right-Of-Way Opening
Procedures & Guidelines

1. All street/right-of-way opening applications **must be completed** and submitted before any excavation begins.
2. Township policy requires that contractors must bore under a roadway at a minimum depth of 30". Open cuts into the roadway are permitted only for an emergency situation and with the expressed approval of the Milton Township Road Superintendent. All resurfacing shall be done in such a manner as to connect with the existing street surface adjacent to the new resurfacing at the same level so that there are no uneven portions of the streets.
3. The **permit fee** for all street/right-of-way opening is calculated on \$2.50/sq. ft. with a minimum of \$25.00 and a maximum of \$500.00. Please submit a check made payable to Milton Township. A street opening/right-of-way permit shall not be issued until payment in full is provided.
4. A surety road bond shall be submitted before a street opening/right-of-way permit shall be issued. The bond shall guarantee that the permit holder shall be responsible for maintaining the portion of the street and/or right-of-way disturbed by the opening or excavation and the restored surface for twelve (12) months after the completion of the excavation and resurfacing/restoration.
5. Permit applications shall be reviewed within five (5) days of a submittal. Applicants shall receive a copy of the approved permit for their records.
6. Sufficient barricades, warning lights or flares and/or traffic control by Milton Township Police shall be in operation at all times between sunset and sunrise at all other times when visibility is such as to make their use necessary. If the services of the police department are required, it shall be at the Applicant's expense.
7. Applicant shall submit a Certificate of Insurance showing Worker's Compensation Insurance with "Milton Township" as the Certificate Holder or complete the attached affidavit of Exemption.
8. Applicant shall contact the Milton Township Road Superintendent between 8:00 am and 2:00 pm to arrange for an inspection prior to patching and again after final resurfacing or restoration. Forty-eight (48) hours notice is required prior to all inspections. Backfilling and resurfacing shall comply with Township standards or Milton Township shall use the applicant's road bond to make the necessary repairs.

Checklist:

- A. Completed Application with contact information including fax, cell # & email.
- B. Road Bond dated for at least twelve (12) months after resurfacing.
- C. Permit Fee.
- D. Call for inspection prior to patching (verify depth of binder).
- E. Call for inspection prior to final resurfacing/restoration (verify surface area).

Milton Township, Mahoning County, Ohio
Road Department
15992 Milton Avenue
P.O. Box 308
Lake Milton, Ohio 44429
Phone: 330-538-2738 Fax: 330-538-2030

AUTHORIZATION FORM
(PLEASE CHECK BOX)

() DRIVEWAY CULVERT () DITCH

APPLICATION TO WORK WITHIN A TOWNSHIP RIGHT OF WAY

OHIO REVISED CODE CHAPTER 5547. AUTHORIZED BY MILTON TOWNSHIP BOARD OF TRUSTEES RESOLUTION
TOWNSHIP ROAD NAME AND NUMBER _____

TOWNSHIP _____ **SECTION NUMBER** _____

PROPERTY ADDRESS

NAME: _____
STREET: _____
CITY: _____
ZIP CODE: _____

MAILING ADDRESS

NAME: _____
STREET: _____
CITY: _____
ZIP CODE: _____

HOME PHONE: _____ **WORK PHONE:** _____

DESCRIPTION OF WORK TO BE PERFORMED _____

PROPERTY OWNER'S SIGNATURE: _____ **CALL BEFORE YOU DIG (2 WORKING DAYS)**
800-362-2764
IT'S THE LAW
OHIO UTILITY PROTECTION SERVICE

****PLEASE MARK THE WORK AREA WITH A STAKE OR FLAG****
RETURN YOUR COMPLETED **AUTHORIZATION FORM** ALONG WITH SKETCH TO THE ROAD DEPARTMENT VIA FAX OR MAIL:
MILTON TOWNSHIP ROAD DEPARTMENT
15992 MILTON AVENUE
P.O. BOX 308
LAKE MILTON, OHIO 44429
PHONE: (330) 538-2738 FAX (330) 530-2030

(FOR TOWNSHIP USE ONLY)

ROAD SUPERVISOR INSPECTION DATE: _____ / _____ / _____
CULVERT SIZE REQUIRED: _____ / 2' / _____
NO. OF CATCH BASINS NEEDED: _____
TOWNSHIP OR PRIVATE CONTRACTOR: _____
ROAD SUPERVISORS SIGNATURE: _____
VALID FOR 90 DAYS FROM THIS DATE: _____ / _____ / _____

**MILTON TOWNSHIP
REQUEST TO OPEN CUT TOWNSHIP ROADWAY**

_____, is requesting permission to open cut the following roadway located in Milton Township. Along with this request the contractor performing this work will provide the township with proof of insurance and bonding.

LOCATION OF WORK TO BE DONE:

BRIEF DESCRIPTION OF WORK TO BE DONE:

UTILITY TYPE TO BE PLACED:

All township emergency services must be contacted 24 hours before work is to be performed:

Police - 330-538-0078, Fire -330-538-0911, School – 330-538-3232

Local traffic must be maintained to residence of the area affected.

Ohio Utility Protection Service must be called prior to any work being performed, 1-800-362-2764, OUPS ticket number must be on site during excavation.

Excavation area must be restored to existing condition and inspected and approved by Milton Township.

REQUIREMENT OF CONSTRUCTION BOND OR CONTRACTOR INSURANCE

Milton Township

Street/Right-Of-Way Opening Application

Date: _____ Applicant or Contractor Name: _____

Applicant or Contractor Address: _____

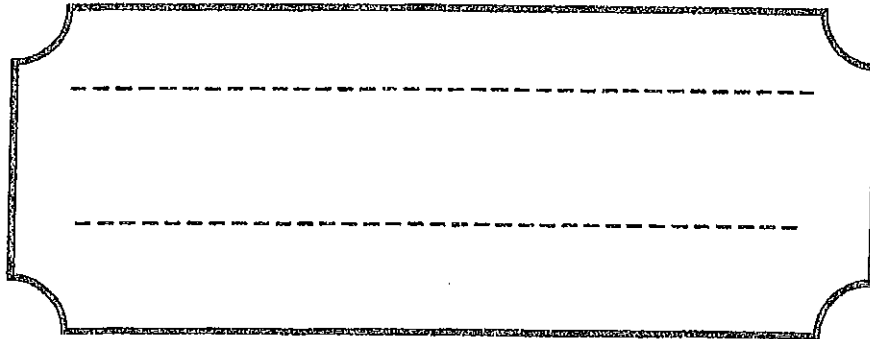
Phone: _____ Fax: _____ Cell: _____

Work Location Address: _____

Work Start Date: _____ Work End Date: _____

Reason for Street Opening: _____

Street/Right-Of-Way Opening Square Footage: _____ Applicant Signature: _____



-----DO NOT WRITE BELOW LINE-----

Application Date: _____ Township Reviewer: _____

Date Road Bond Received: _____ Expiration Date of Road Bond: _____

Application Fee: _____ Paid By (Circle One): Check Cash

Township Approval Date: _____ Township Signature: _____

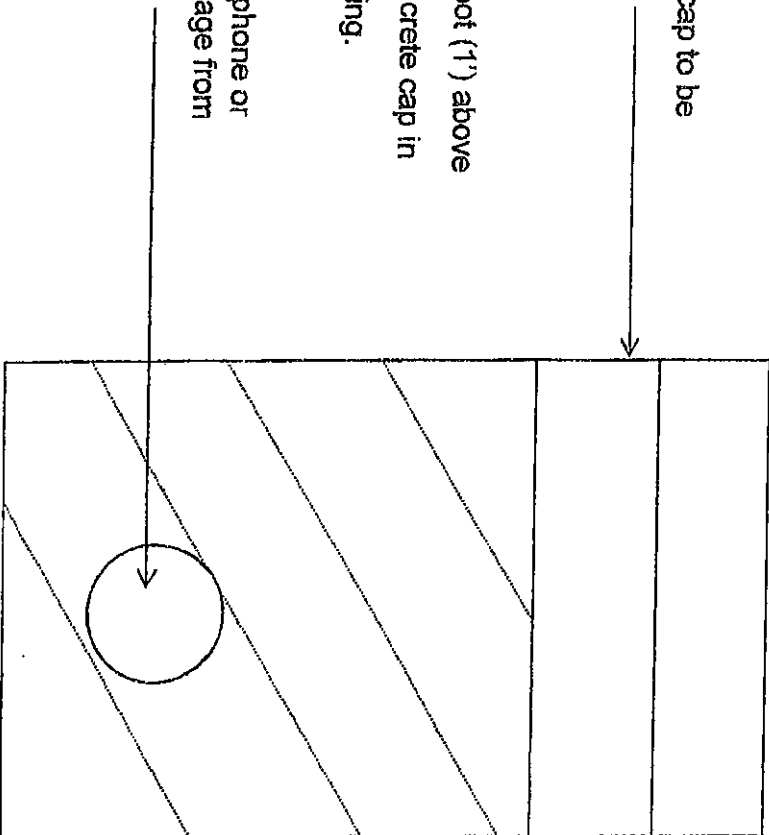
OUPS must be notified and an OUPS ticket number posted on job site
Notify Milton Township – 330-538-0078 with OUPS number and start date

All excavation material must be removed from site/not used for fill

* Four Inch (4") concrete/asphalt cap to be placed in area of open cut

* Place yellow caution tape one foot (1') above utility place and again below concrete cap in R/W off roadway for future marking.

Utility to be placed (water, sewer, phone or electrical) at depth to prevent damage from future roadway work or ditching.



Top surface to be restored /asphalt/cement

Area to be filled with compacted fill [304 typicals]

NO SAND FILL

RESOLUTION

04-16-19-04

At a duly held meeting of the **BOARD OF TRUSTEES OF MILTON TOWNSHIP**, Mahoning County, Ohio, on Tuesday, May 21, 2019, at 7 P.M. at the Milton Township Hall building, 15990 Milton Avenue, Lake Milton, Ohio, 44429, the following Resolution was adopted:

WHEREAS, the Board of Township Trustees and Road Coordinator have observed and recorded the damages done to pavement on township maintained roads as a result of the "open cutting" of roads for the placement of underground utilities;

WHEREAS, the open cutting of township roads has created costly ongoing repair issues and further damages due to snow plowing during the winter months;

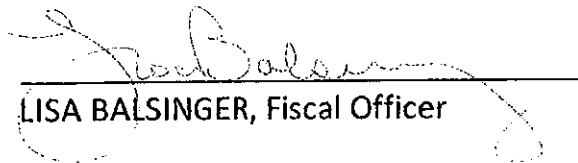
NOW, THEREFORE, BE IT RESOLVED that the **BOARD OF TRUSTEES OF MILTON TOWNSHIP**, hereby prohibit the open cutting of township maintained roads for the placement and extension of underground utilities.

AND, BE IT FURTHER RESOLVED, that the placement of all underground utilities within the public right of way of township maintained roads be directionally bored; with said utility work approved by the Township Road Coordinator prior to the start of construction. If work has commenced prior to township approval, violators will be subject to the appropriate legal action to recover the costs of repairing the damage to the Township road.

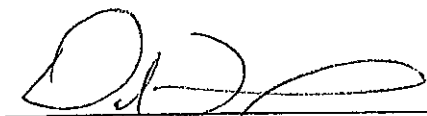
RESOLUTION ADOPTED this 21st day of May, 2019.



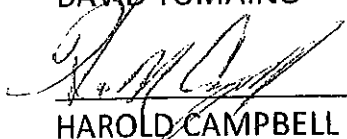
RUSSELL WEIMER, Chairman



LISA BALSINGER, Fiscal Officer



DAVID TOMAINO



HAROLD CAMPBELL