



**STREET OPENING AND/OR  
SIDEWALK OBSTRUCTION PERMIT  
APPLICATION**

**CITY OF CLEVELAND  
DEPARTMENT OF FINANCE**  
Division of Assessments & Licenses  
601 Lakeside Avenue, Room 122  
Cleveland, Ohio 44114

Phone: 216.664.2174

Hours of Operation:  
8am to 5pm Weekdays

DALPermits@city.cleveland.oh.us

**BE ADVISED THAT FAXED APPLICATIONS AND/OR DOCUMENTS ARE NOT ACCEPTED.  
PLEASE PRINT OR TYPE APPLICATION**

**SECTION A: APPLICANT INFORMATION**

Date:		STP number: (internally assigned)	
Name of Applicant:			
<input type="checkbox"/>	Company	<input type="checkbox"/>	Contractor
<input type="checkbox"/>		<input type="checkbox"/>	Owner
<input type="checkbox"/>		<input type="checkbox"/>	Other

Name and Address of Company/Owner	
Company	
Address	
City, ST, Zip	
Phone	
Email	
Contact	

Name and Address of Contractor	
Contractor	
Address	
City, ST, Zip	
Phone	
Email	
Contact	

Business ID, Tax ID or Social Security number of Contractor (If applicable):	
Contractor Registration number (If applicable):	

Is Contractor's current insurance policy on file?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is Contractor's bond on file?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Note: If No is selected, proof of insurance and bond must be submitted at the time of application and prior to permit approval.

Permit Delivery Method: Automatic Payment Authorization must be on file.	<input type="checkbox"/>	Counter Pick-up
	<input type="checkbox"/>	Email

Permit Time-Frame:	<input type="checkbox"/>	15 day [or less]	<input type="checkbox"/>	30 day [more than 15 or less than 30 days]
	<input type="checkbox"/>	Other [more than 30 days]		



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**SECTION B: JOB SITE INFORMATION**

WORK ORDER NUMBER

DESCRIPTIVE LOCATION OF JOB SITE:

JOB SITE START LOCATION	
Address	
City, ST, Zip	

JOB SITE END LOCATION	
Address	
City, ST, Zip	

<input type="checkbox"/>	Pavement area curb-to-curb
<input type="checkbox"/>	Above ground work

<input type="checkbox"/>	Sidewalk area including tree lawn
<input type="checkbox"/>	Below ground work

Restoration work:	<input type="checkbox"/>	Company/contractor will recap/reseal asphalt
	<input type="checkbox"/>	City will recap/reseal asphalt for an additional fee
	<input type="checkbox"/>	Not Applicable [only applies to non-disruption of asphalt]

Proposed dates of work:	Start		Finish	
Proposed hours of work:	Start		Finish	

**ALL APPLICATIONS MUST BE SUBMITTED TO THE DIVISION OF ASSESSMENTS & LICENSES WITH PROPOSED START AND FINISH DATES, AS WELL AS PROPOSED HOURS OF WORK. PLEASE NOTE APPLICATION MUST BE SUBMITTED AT A MINIMUM OF 12 TO 14 BUSINESS DAYS PRIOR TO THE PROPOSED START DATE OF WORK. APPLICATIONS SUBMITTED WITHOUT A PROPOSED START AND FINISH DATE, INCLUDING TBD; OR PROPOSED HOURS OF WORK; OR LESS THAN THE 12 TO 14 DAY MINIMUM WILL NOT BE ACCEPTED.**



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**SECTION C: DESCRIPTION OF WORK**

1. Description and type of work to be performed (check all that apply):

<input type="checkbox"/>	Utility installation		
<input type="checkbox"/>	<input type="checkbox"/>	Above ground work	
<input type="checkbox"/>	<input type="checkbox"/>	Below ground work (complete Section C-2)	
<input type="checkbox"/>	Sidewalks		
<input type="checkbox"/>	<input type="checkbox"/>	removal	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	replacement	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	restoration	
<input type="checkbox"/>	Pavement		
<input type="checkbox"/>	<input type="checkbox"/>	removal	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	replacement	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	restoration	
<input type="checkbox"/>	Curb	<input type="checkbox"/>	removal
<input type="checkbox"/>	<input type="checkbox"/>	linear feet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	replacement	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	restoration	
<input type="checkbox"/>	Driveway aprons		
<input type="checkbox"/>	<input type="checkbox"/>	removal	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	replacement	
<input type="checkbox"/>	Tree lawn		
<input type="checkbox"/>	Obstructions, including but not limited to traffic lanes and/or sidewalks		
<input type="checkbox"/>	Parking meter heads	<input type="checkbox"/>	single
<input type="checkbox"/>	<input type="checkbox"/>	number	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	double	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	number	<input type="checkbox"/>
<input type="checkbox"/>	Other (Explain)		

2. If underground, check all that apply:

<input type="checkbox"/>	Water Main		
<input type="checkbox"/>	<input type="checkbox"/>	Connection	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hydrant	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Valve	
<input type="checkbox"/>	Sewer Main		
<input type="checkbox"/>	<input type="checkbox"/>	Lateral	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Catch Basin	
<input type="checkbox"/>	Gas Main		
<input type="checkbox"/>	<input type="checkbox"/>	Connection	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Regulator	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Vault	
<input type="checkbox"/>	Electrical Conduit		
<input type="checkbox"/>	<input type="checkbox"/>	Duct	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Vault	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Telephone	# of conduits
<input type="checkbox"/>	<input type="checkbox"/>	Cable Television Conduit	# of conduits
<input type="checkbox"/>	<input type="checkbox"/>	Telecommunications	# of conduits
<input type="checkbox"/>	Steam		
<input type="checkbox"/>	<input type="checkbox"/>	Connection	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Chilled Water Main	
<input type="checkbox"/>	Other (Explain)		



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If this is a new facility or relocation/rehabilitation of an existing facility please attach plans and specifications for the construction.

**SECTION D: OBSTRUCTION**

Will you obstruct the street?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, which lanes?		Size of opening			
Will you obstruct the sidewalk?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Size of opening					

**SECTION E: MAINTENANCE OF TRAFFIC AND MAINTENANCE OF TRAFFIC REGULATIONS**

Traffic shall be maintained and directed by the Commissioner of Traffic Engineering. MOT **MUST BE PROVIDED** with this application. Please complete and submit the **WORK LOCATION AND PROPOSED OBSTRUCTION SKETCH** form on Page 7 of this application indicating your work location and which areas will be obstructed. All MOT devices shall be installed according to Part VI, "Work Zones" of the Manual on Uniform Traffic Control Devices (MUTCD – Millennium Edition). Federal Highway Administration website: [www.mutcd.fhwa.dot.gov](http://www.mutcd.fhwa.dot.gov)

- The MOT plan shall include the following information:
  - All existing pavement markings
  - Curb-to-curb width of all affected streets
  - Distances from work zone to nearest intersections
  - Lateral distance from edge of work zone to curb line
- Work that will back up the flow of traffic shall not be performed between the following hours:
  - Monday through Friday, inclusive, 7:00 am to 9:00 am
  - Monday through Friday, inclusive, 3:30 pm to 6:00 pm
- The contractor shall furnish competent flagmen (off-duty police officers may be used) when needed to assist the flow of traffic and for the safe maneuvering of equipment and trucks.
- Pedestrian travel will be accommodated across any sidewalk work area. In the event pedestrian travel is blocked, proper signage will be installed by the contractor that will indicate the closure and direct pedestrians to cross at the nearest signalized intersection (unless directed otherwise by Traffic Engineering). Pedestrian walkways may be necessary as dictated by the Division of Traffic Engineering.
- All trenches and cavities shall be plated during non-working hours.



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Describe your plans for maintaining pedestrian traffic.


Describe your plans for maintaining automobile traffic.


**APPLICANT SIGNATURE**

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OFFICE USE ONLY			
COMMENTS AND/OR PROVISIONS THAT MUST BE MET TO ACQUIRE A PERMIT.			
TYPES OF PERMITS REQUIRED.			
	Street Opening (includes curb cut, street opening, and/or sidewalk area)		
	Moratorium Street (special restoration requirements)		
	<input type="checkbox"/> Obstruction	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Pre-pour inspection required
EXCEPT AS NOTED, APPROVAL OF ALL DEPARTMENTS LISTED BELOW IS NECESSARY.			
		SIGNATURE	DATE
	Engineering and Construction		
	Engineering and Construction Inspection Section		
	Bureau of Sidewalks		
	Traffic Engineering		
	Mayor's Office of Capital Projects		
	Assessments and Licenses		
	Police Traffic		
	Water Engineering (CWD)		
	Sewer Engineering (WPC)		
	Electrical Engineering (CPP)		

NOTE: CHECKED BOX REQUIRES SIGNATURE.



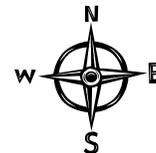
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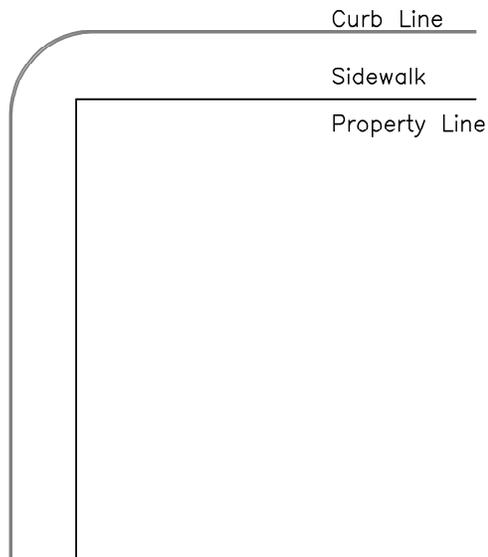
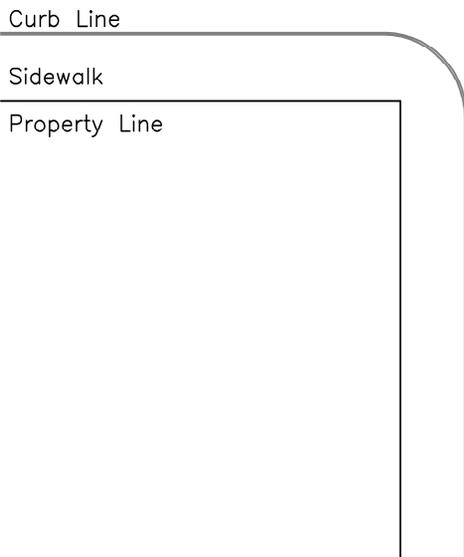
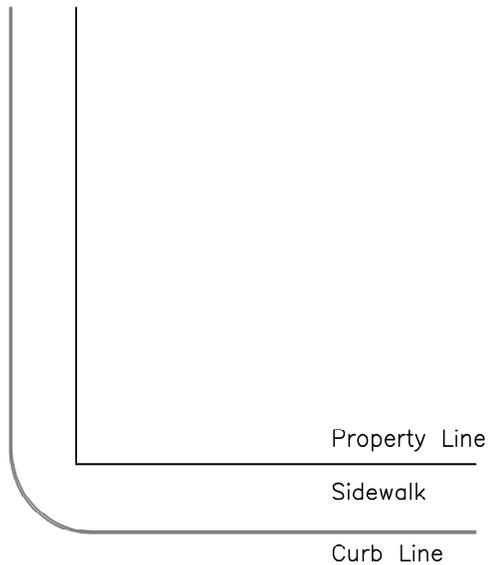
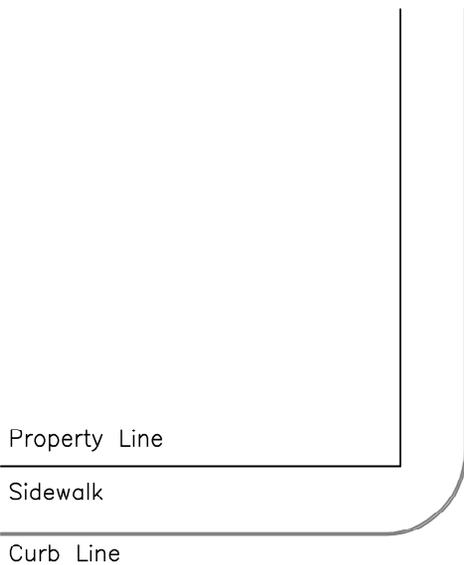
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**WORK LOCATION AND PROPOSED OBSTRUCTION SKETCH**





CITY OF CLEVELAND  
Mayor Frank G. Jackson

**STREET OPENING, SIDEWALK  
AND/OR OBSTRUCTION  
INSTRUCTIONS FOR APPLICATION**

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**APPLICATION INSTRUCTIONS**

<b>SECTION A: APPLICANT INFORMATION</b>		All requested information must be provided.
Date:		Current date of the application.
STP number:		Leave blank. This is an internal number and is auto-assigned by City of Cleveland.
Name of Applicant:		The person who is filing for permit.
		Check the appropriate box (can be more than one box):
Company	<input type="checkbox"/>	if you represent the Company
Contractor	<input type="checkbox"/>	if you are the Contractor
Owner	<input type="checkbox"/>	if you are the Owner
Other	<input type="checkbox"/>	if other, please provide
Name and address of Company/Owner:		Name and address of Company/Owner
Phone number of Company/Owner:		Phone number of Company/Owner
Email of Company/Owner:		Email address of Company/Owner
Contact:		Contact
Name and address of Contractor:		Name and address of Contractor
Phone number of Contractor:		Phone number of Contractor
Email of Contractor:		Email address of Contractor
Contact:		Contact
Business ID, Tax ID or Social Security number of Contractor (if applicable):		Enter Business ID, Tax ID, (E.I.N) or Social Security number of applying Contractor (if applicable).
Contractor Registration number:		Vendor's license number is requested.
Is Contractor's current insurance policy on file?	<input type="checkbox"/>	Check yes or no box.
Is Contractor's bond on file?	<input type="checkbox"/>	Check yes or no box
		If no, <input checked="" type="checkbox"/> is selected for either, proof of insurance must be submitted at the time of application and prior to permit approval.
Permit delivery method: Automatic Payment Authorization must be on file.		Permit can either be picked-up at City Hall Counter or emailed.
	<input type="checkbox"/>	Check box to pick up at counter - City Hall 601 Lakeside Avenue, Division of Assessments and Licenses, Room 122, Cleveland, Ohio 8 am-5:00 pm.
<ul style="list-style-type: none"> <li>• Counter pick-up</li> <li>• Email</li> </ul>	<input type="checkbox"/>	Check box for email.
Permit time frame:		Check the box to the one that applies:
15 day	<input type="checkbox"/>	Check the box for work 15 days or less
30 day	<input type="checkbox"/>	Check the box for work more than 15 or less than 30 days
Other	<input type="checkbox"/>	Check the box for more than 30 days then indicate



CITY OF CLEVELAND  
Mayor Frank G. Jackson

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**SECTION B – JOB SITE INFORMATION**

Descriptive location of job site:	Address where work is to be performed. If multiple addresses please furnish start and end address.
<ul style="list-style-type: none"> <li>✓ Pavement area curb to curb.</li> <li>✓ Sidewalk area including tree lawn.</li> <li>✓ Above ground work.</li> <li>✓ Below ground work.</li> </ul>	Indicate which areas will be affected. <input checked="" type="checkbox"/> Check all that apply.
Work Order number	Enter your work order number here.
Restoration work:	<input checked="" type="checkbox"/> Check appropriate box. Indicate who will be doing the final restoration work. Company or City Of Cleveland. (Note: the City of Cleveland may do the cap/reseal asphalt at an additional cost. If the Company is doing the restoration work it must comply with all of The City of Cleveland standard drawings and specifications).
Proposed dates of work:	Indicate the start and finish dates of this project. Please read disclosure caption.
Proposed hours of work:	Indicate the hours this project will be ongoing. Start and finish time. Please read disclosure caption.

**SECTION C – DESCRIPTION OF WORK**

1. Description and type of work being performed:	<input checked="" type="checkbox"/> Check ALL that apply. If utility installations please indicate above or below ground. If underground see C-2. List all parking meter heads that are to be bagged with meter number. <input checked="" type="checkbox"/> Check if they are single or double.
2. Underground work:	<input checked="" type="checkbox"/> Check all boxes that apply to underground work.

**SECTION D – OBSTRUCTION**

Obstruction:	This section is for obstructions in the street or sidewalk. Includes all right-of-ways.
Will you obstruct the street?	<input checked="" type="checkbox"/> Check yes or no box. If yes, indicate which lanes and size of opening.
Will you obstruct the sidewalk?	<input checked="" type="checkbox"/> Check yes or no box. If yes indicate size of obstruction.

**SECTION E – MAINTENANCE OF TRAFFIC AND MAINTENANCE OF TRAFFIC REGULATIONS**

Maintenance of Traffic:	MOT MUST BE COMPLETED. Please describe your plans for maintaining pedestrian and automobile traffic.
Work Location and Proposed Obstruction Sketch	This form must be completed and submitted along with your application.
Applicant Signature	Please sign your application.