

**WABASH COUNTY HIGHWAY DEPARTMENT
ROAD CUT PERMIT**

Name: _____

Address: _____

Phone Number: _____

Location of Road Cut: _____

Surface type of road: Asphalt Gravel Concrete

Purpose of Cut: _____

Depth of Cut: _____ Width of Cut: _____

RESPONSIBILITY OF APPLICANT:

The applicant must submit a check for \$75 with this form as the permit application Fee. The applicant must also provide a check for \$1000 as a deposit. The deposit will be refunded once the project has been finished to the satisfaction of the WCHD.

The applicant will be responsible for the proper signing of the road and assumes all liability with this project until the final layer of asphalt is placed.

The applicant will notify the appropriate offices, including the Wabash County Central Dispatch, the school corporation if their bus route is affected, etc. of the closing of such road.

The applicant is responsible for the proper disposal of all spoils generated from the project. The applicant must call the WCHD for a representative to inspect site prior to any backfill. The applicant will provide and place all materials for backfilling and will compact said materials in order for the road surface to be a condition which is safe for traffic. The cut will be backfilled as follows: #8 limestone to a minimum of 6" above installed utility, #53 limestone compacted in 6" lifts to not more than 4" below original grade and the final lift will be a minimum of 4" of #9 Surface HMA compacted in place to match original grade. Road rehabilitation must be completed within 10 days of initial cut or if out of season within 30 days of HMA being available from a local plant. After one warning, if the WCHD has to place HMA in the cut, the applicant agrees to forfeit their deposit.

Applicant Signature _____

Date Approved _____

Superintendent _____

Chairman of Board of Commissioners _____