

**VIOLET TOWNSHIP**  
**ZONING & BUILDING DEPARTMENTS**  
12970 Rustic Drive  
Pickerington, Ohio 43147  
(614) 575-5559 Fax (614) 575-5562

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**TO:** All Residential Zoning and Building Permit Applicants

**FROM:** Don Day, Building Inspector  
Kelly Sarko, Zoning Inspector

Violet Township requires Zoning and Plans Examination and Building Permits for all new construction.

**The following items must accompany completed and signed Zoning and Plan Review/Building Permit application forms:**

1. A Flood Plain Building Permit is required to be obtained from Fairfield County Regional Planning Commission if a property contains any portion of a regulatory 100-year floodplain. Please contact the Fairfield County Flood Plain Administrator at (740)687-7110 if you are uncertain whether you need to obtain this permit. A Certificate of Zoning Compliance cannot be issued unless this permit has been issued by Fairfield County Regional Planning.
2. A plot plan or suitable drawing (on a sheet no larger than 11" x 17"), drawn to scale, showing all existing structures and their size, the location of the proposed construction on the property and its dimensions to the front, rear and side property lines (setbacks are parallel each property line).
3. A completed and signed AFFIDAVIT FOR PERMIT or HOMEOWNER PERMIT AFFIDAVIT.
4. For any property located on a Township road right-of-way, a Right-of-Way Permit application must be submitted and approved by the Township Engineer.
  - a. Pursuant to Violet Township Trustees Resolution Number 2002-0904-02, a property owner and/or builder must establish a single point of access onto said property, place large gravel within the access and utilize only that access point for all ingress/egress to and from the property during the construction period.
  - b. For installation of a culvert or drain tile in a drainage ditch within a Township road right-of-way, an inspection by the Township Engineer is required prior to covering the culvert with fill material.
5. A DESC (Drainage, Erosion and Sedimentation Control) Permit is required for all new home construction in Violet Township. A plan showing the type and placement of appropriate sedimentation and erosion control devices is required to accompany the completed application form.
6. If the proposed home is not served with public water and/or sewer services, a copy of the approved well and sewer permits issued by the Fairfield County Health Department must be provided.
7. Plans of the proposed building (TWO sets of plans only) including but not limited to:
  - a. Foundation plan with elevations;
  - b. Floor plans showing all levels; spans of main beams, floor joists, rafters and trusses and material types;
  - c. Wall, floor and roof sections showing the type and location of material;
  - d. Elevations of the exterior showing type of material; and
  - e. All applicable mechanical plans that are required to complete the building
8. Application Fees. Permits will not be processed and construction shall not begin until plans examination fees have been received and plans have been approved for construction by the Plans Examiner.

9. ALL STRUCTURES SHALL COMPLY WITH THE 2003 International Residential Code

**Violet Township Building Department inspects the following:**

To Schedule an inspection, please call (614)575-5558. Please give project address and state which time the project will be ready for inspection.

- 1) Footing – all footings must be trenched and forms in place ready for placement of concrete as well as placement of structure for compliance with Township Zoning requirements.
- 2) Rough Framing – all framing must be complete and rough electric, plumbing and heating in place. No insulation or drywall in place.
- 3) Final Inspection for Certificate of Occupancy – Plumbing fixtures set, electric fixtures and devices with covers in place, heating, air conditioning and ventilation with air distribution devices in place. All mechanical equipment must be in working order at this time also. All safety requirements in place. Exterior grading complete.
- 4) Temporary Occupancy Permit may be obtained for an additional fee, at the discretion of the Building Inspector, if above items are not complete at final inspection.

**Plan Examination Fee:**

Plan Examination Fee will be assessed according to the following schedule and will cover the cost of plan reviews by the Plan Examiner:

A.	One, Two and Three Family Dwelling Units	\$130.00/unit
	A deposit of \$130.00 for plans examination is required and will not be returnable, but will be credited to the total cost of the permits	
B.	Re-submittal fee for Dwelling Units	\$ 60.00/unit
C.	New residential garage and accessory buildings. Addition and alteration to residential buildings, garages and accessory buildings	\$ 60.00/unit
D.	A zoning fee for all the above projects will be charged per schedule.	

**Residential Permit Fees:**

Each Building permit issued under this section shall also be charged a zoning application fee.

A blanket residential permit may be issued to construct a new residential dwelling unit(s) (less than four dwelling units), fee does not include: re-inspection, after-hours inspection or temporary occupancy. The blanket permit fee includes Final Certificate of Occupancy and related accessory buildings such as carports and garages, but does not include community spaces, pools, signage, or mail shelters. Figured on gross floor area of all occupy-able spaces, including halls, common areas, stairways, laundry rooms and carports. Blanket permit fees are not refundable. Change of contractor shall be accomplished only by a permit transfer. Fees do not include fireplace. See Schedule C.

- Permit Expiration will be enforced as established in Section 111 of the 2003 I.R.C.
- The Building Department will perform courtesy inspections of structural fire damage for Township residents
- If construction begins prior to the issuance of permits; fees will be doubled

***PLEASE MAKE CHECKS PAYABLE TO VIOLET TOWNSHIP***

Permit No. \_\_\_\_\_

**VIOLET TOWNSHIP**  
**APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE**

**PART I – General Information**

Applicants Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Location of Subject Property \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot Number \_\_\_\_\_

Existing Use of Property \_\_\_\_\_ Existing Zoning \_\_\_\_\_

Proposed Use or Construction - Describe \_\_\_\_\_

**PART II**

Usable floor space as living quarters exclusive of basements, porches, garages, breezeways, terraces, attics or partial stories.

1st floor Sq. Ft. \_\_\_\_\_ 2<sup>nd</sup> floor sq. ft. \_\_\_\_\_ Garage Sq. Ft. \_\_\_\_\_ Total Living Area sq. ft. \_\_\_\_\_

Number of Stories \_\_\_\_\_ Height \_\_\_\_\_ Off-street parking sq ft. \_\_\_\_\_

Dimensions of proposed construction: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Accessory Bldg. Sq. Ft. \_\_\_\_\_ Total No. Accessory Buildings and Combined Sq. Ft. \_\_\_\_\_

**Part III – Site Plan Requirements**

The applicant shall submit two (2) copies of a site plan drawn to scale showing the following:

- (a) The actual dimensions of the lot including easements;
- (b) The exact size and location of all existing buildings (all accessory buildings and their dimensions must be shown) on the lot; as well as existing and intended uses for the land and buildings;
- (c) The proposed new construction;
- (d) The applicant must present written evidence from the Board of Health prior to zoning compliance to ensure that the new accessory structure does not interfere with the proper operation and maintenance of the on-site sewage system.
- (e) The applicant must submit structural plans for any commercial structure for review by the Fire Department prior to zoning compliance.
- (f) During construction the contractor must provide a trash bin or dumpster on lot for purpose of containing discarded building materials and other trash.

(g) Lot Size \_\_\_\_\_ Lot Coverage Sq. Ft. \_\_\_\_\_  
 Main Road Frontage \_\_\_\_\_ Lot Depth \_\_\_\_\_  
 Front Setback \_\_\_\_\_ Rear Yard Setback \_\_\_\_\_  
 Side Yard Setbacks: Left \_\_\_\_\_ Right \_\_\_\_\_

**PART III – Review Procedure**

No existing or new building shall be changed in its use in whole or in part until a zoning permit is approved by the Zoning Inspector. The Zoning Inspector shall have up to fourteen (14) days to review the application and may consult technical agencies prior to approval.

**PART IV – Applicant’s Affidavit**

Application is hereby made for a certificate of zoning compliance. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact or expression of fact in the application, either with or without intention on part of the applicant, such as might, or would, operate to cause the issuance of a permit in accordance with this application, shall constitute sufficient ground for the revocation of the certificate of zoning compliance at any time.

\_\_\_\_\_  
 Applicant’s Signature Date

\_\_\_\_\_  
 Owner’s Signature Date

Note: No construction shall be allowed within right-of-way until the Violet Township Engineer has approved a “Permit to Work in Right-of-Way”. The Violet Township Road Department is authorized to stop any and all construction taking place within the right-of-way of any Violet Township Road, unless the “Permit to Work in Right-of-Way” has been issued.

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**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Fee Pd. \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Action Taken on Application \_\_\_\_\_

Date of Action \_\_\_\_\_

\_\_\_\_\_  
 Violet Township Zoning Inspector



**VIOLET TOWNSHIP**  
**BUILDING DEPARTMENT**  
12970 Rustic Drive  
Pickerington, Ohio 43147  
614/575-5556

FOR DEPARTMENT USE ONLY

Permit App. No. \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date Forwarded \_\_\_\_\_  
Date Returned \_\_\_\_\_  
Date Issued \_\_\_\_\_

**APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT**

SITE ADDRESS:			
LOT #:	SUBDIVISION / PARCEL No.:		
LOCATED BETWEEN _____ and _____			
ZONING DISTRICT:	FLOOD PLAIN ZONE:	MAP #	DEV. PERMIT NO.:
DESCRIPTION OF PROJECT:			
APPLICATION DATE: / /		PROJECT COST: \$	
ESTIMATED STARTING DATE:		ESTIMATED FINISH DATE:	
TYPE OF IMPROVEMENT:	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR / REPLACEMENT <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> OTHER		
APPLICATION FOR:	<input type="checkbox"/> BLANKET RESIDENTIAL <input type="checkbox"/> RESIDENTIAL ADDITION / ALTERATION / ACCESSORY STRUCTURE <input type="checkbox"/> DEMOLITION <input type="checkbox"/> BUILDING (STRUCTURAL) <input type="checkbox"/> SIGN <input type="checkbox"/> FOUNDATION START <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> FIRE ALARM <input type="checkbox"/> INDUSTRIALIZED-UNIT <input type="checkbox"/> OTHER _____		
<b>RESIDENTIAL:</b>	<input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> THREE FAMILY <input type="checkbox"/> FOUR OR MORE FAMILY <input type="checkbox"/> MOBILE HOME		
<b>COMMERCIAL:</b>	OBC USE GROUP: _____ MIXED USE: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES; SEPARATED</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONSTRUCTION TYPE: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB			
OWNERS NAME:		E-MAIL ADDRESS:	
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	
CONTRACTOR:		E-MAIL ADDRESS:	
CONTRACTOR REGISTRATION No.			
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	
APPLICANT:		E-MAIL ADDRESS:	
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	
DESIGN PROFESSIONAL:		E-MAIL ADDRESS:	
<input type="checkbox"/> ARCHITECT / <input type="checkbox"/> ENGINEER	REGISTRATION No.:		
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	

BUILDING AREA				
SQUARE FEET AREA	NEW & ADDITIONS	ALTERATIONS	CHANGE OF USE	OCCUPANCY LOADS
BASEMENT				
FIRST FLOOR				
2, 3, 4 FLOORS, ETC.				
GARAGE, SHED, DECK, ETC				
<b>TOTAL AREA SQUARE FEET</b>				
BUILDING PERMIT				
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER_____		BASEMENT: <input type="checkbox"/> BLOCK <input type="checkbox"/> POURED <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER		
# OF ROOMS:		# OF BEDROOMS:		
# OF BUILDINGS:		# OF FULL BATHS:		# OF 1/2 BATHS:
# OF STORIES		HEIGHT IN FEET:		A/C: <input type="checkbox"/> YES <input type="checkbox"/> NO      ELEVATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO
ELECTRICAL PERMIT				
TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> TEMPORARY SERVICE <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> ADDITION / ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR <input type="checkbox"/> HOT TUB <input type="checkbox"/> MOBILE HOME SERVICE <input type="checkbox"/> OTHER				
VOLTAGE:	PHASE:	SERVICE CONDUCTORS:	/ SET   # OF SETS:	
NUMBER OF METERS:		NUMBER OF MAIN DISCONNECTS:		
NUMBER OF FIXTURES, SWITCHES, OUTLETS, ETC.: _____		NUMBER OF SUB PANELS, DISCONNECTS, ETC.: _____		
FIRE ALARM				
ALARM SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO		NO. OF DEVICES:		
TYPE: <input type="checkbox"/> LOCAL <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> REMOTE STATION <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> OTHER_____				
FIRE SUPPRESSION				
<input type="checkbox"/> SPRINKLERS <input type="checkbox"/> HOOD SUPPRESSION <input type="checkbox"/> LIMITED AREA				
TYPE OF SYSTEM: <input type="checkbox"/> WET <input type="checkbox"/> DRY <input type="checkbox"/> ANTI-FREEZE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> OTHER_____				
NO. OF HEADS:		NO. OF STANDPIPES:		NO. OF RISERS:
PLUMBING PERMIT				
NUMBER OF FIXTURES:		TYPE OF SYSTEM: <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> PRIVATE		
HVAC PERMIT				
<i>Describe Heating System:</i>		# OF UNITS:		
BRAND: _____		OUTPUT (BTU/HR):		TONS:
MODEL: _____		FUEL TYPE:		# OF OUTLETS:
<i>Describe Cooling System:</i>		<input type="checkbox"/> FORCED AIR <input type="checkbox"/> RADIANT <input type="checkbox"/> GRAVITY <input type="checkbox"/> INFRARED <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> BOILER/STEAM <input type="checkbox"/> CONDENSING UNIT <input type="checkbox"/> COOLING TOWER <input type="checkbox"/> EVAPORATION COOLER		
BRAND: _____				
MODEL: _____				

TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR	FIREPLACE TYPE: <input type="checkbox"/> MASONRY <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> INSERT <input type="checkbox"/> STOVE <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> GAS LOGS
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**DEMOLITION PERMIT**

STRUCTURE(S) TO BE: <input type="checkbox"/> MOVED <input type="checkbox"/> DEMOLISHED <input type="checkbox"/> OTHER _____	TOTAL SQUARE FOOTAGE OF BUILDING(S): _____
MOST RECENT USE OF BUILDING(S): <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL	PROPOSED USE OF SITE FOLLOWING DEMOLITION: _____

**SIDEWALK PERMIT**

TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> DRIVEWAY WIDENING <input type="checkbox"/> APPROACH NEW <input type="checkbox"/> APPROACH REPLACEMENT <input type="checkbox"/> SIDEWALK PROGRAM: PHASE _____	<input type="checkbox"/> EXTERIOR SLAB
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*Two (2) inspections are required. Sidewalk and approach are to be replaced within 7 days of tear out. Call for final inspection when forms removed and grade work is complete.*

**SIGN PERMIT**

SIGN HEIGHT: _____ FEET _____ INCHES:	SIGN FACE AREA: _____ HT X _____ WD = _____ SQ. FT.
IS THERE A COMPREHENSIVE SIGN PLAN FOR THIS SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE: <input type="checkbox"/> WALL <input type="checkbox"/> GROUND <input type="checkbox"/> PROJECTION <input type="checkbox"/> AWNING <input type="checkbox"/> CANOPY <input type="checkbox"/> SUBDIVISION <input type="checkbox"/> FACE REPLACEMENT <input type="checkbox"/> OTHER _____	
CHARACTERISTICS: <input type="checkbox"/> DOUBLE FACED <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ILLUMINATED <input type="checkbox"/> NON-ILLUMINATED <input type="checkbox"/> ON-PREMISE <input type="checkbox"/> OFF-PREMISE <input type="checkbox"/> OTHER _____	

**SWIMMING POOL PERMIT**

SWIMMING POOL TYPE: <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN-GROUND <input type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR	SIZE: _____ FEET X _____ FEET OR DIA.: _____ FEET TOTAL SQUARE FOOTAGE : _____
DOES POOL HAVE A DECK/ WALKWAY/ APRON AROUND IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW IS POOL PROTECTED? <i>4-FT. MINIMUM BARRIER REQUIRED.</i> <input type="checkbox"/> FENCED YARD <input type="checkbox"/> BUILT-IN GUARDRAIL

**CERTIFICATION**

*I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION, OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING, STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE VIOLET TOWNSHIP BUILDING/ZONING DEPARTMENT.*

*I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.*

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.**

SIGNATURE OF APPLICANT: _____	DATE: _____
_____	PRINT NAME: _____
<input type="checkbox"/> <b>HOLD / DATE:</b> _____ <b>REASON:</b> _____	<input type="checkbox"/> INCOMPLETE <input type="checkbox"/> COMPLETE <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
_____	BUILDING OFFICIAL: _____
_____	PLANS EXAMINER: _____





# AFFIDAVIT FOR BUILDING PERMIT

## PROPERTY OWNER OF RECORD

Name (Please Print) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ FAX # \_\_\_\_\_  
 Email Address \_\_\_\_\_

## AGENT FOR OWNER

CONTRACTOR                       TENANT                       ARCHITECT/ENGINEER  
 ATTORNEY                       PLAN SERVICE FIRM                       OTHER \_\_\_\_\_

Name (Please Print) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ FAX # \_\_\_\_\_  
 Email Address \_\_\_\_\_

## AFFIDAVIT

(please check one)

I am the  owner of this                       1-, or 2-Family Residential                      or                       Miscellaneous Construction

Which is located in Violet Township, Fairfield County, Ohio at:

NUMBER	STREET	CITY	ZIP

- I understand that additional permits may be required in order to perform work in the road right-of-way
- I understand that all work will comply with the 2003 International Residential Code
- I understand that the placement of all structures and their uses will comply with the regulations specified in the Violet Township Zoning Resolution
- I understand that this affidavit is important and I have told the truth on it and all attached papers.
- Name and signature below must match applicant information on the attached Building Permit Application form.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

***Notary Seal Here***

\_\_\_\_\_  
 NOTARY PUBLIC OR  
 ZONING & BUILDING DEPARTMENT OFFICIAL

**FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(3), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF \$1,000 OR BOTH.**





## APPLICATION FOR RIGHT-OF-WAY EXCAVATION PERMIT

### VIOLET TOWNSHIP

Applicant: \_\_\_\_\_ Phone No. \_\_\_\_\_  
(property owner or authorized agent)

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

Contact Name and Phone Number: \_\_\_\_\_  
(must include 24-hour emergency number)

Location of excavation/construction site \_\_\_\_\_

Nature of excavation and work to be undertaken \_\_\_\_\_

\_\_\_\_\_

Construction dates: Estimated start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

**For any new construction within the Township (Pursuant to Resolution Number 2002-0904-02) applicant shall:**

1. Any property owner and/or builder shall establish a single access point to a property prior to the start of any construction on that property;
2. Any property owner and/or builder shall use only the improved access point for deliveries and all ingress/egress to and from the property during the construction period;
3. Such access shall be improved with culverts where needed, and large gravel shall be placed within the access in order to prevent the creation of dust and mud in the access drive and in the adjoining right-of-way.

**Applicant has read the Violet Township Right-of-Way Excavation Permit Regulations agrees to or is providing the following:**

1. Applicant agrees to provide and place such warning devices as are necessary to protect travelers on the road and to ensure their safety.
2. Applicant agrees to complete all work to be performed under this Application as soon as reasonably possible and to completely restore the entire road right-of-way to the condition that existed before such work was undertaken, in accordance with the Violet Township Right-of-Way Excavation Regulations.
3. Applicant agrees to notify the Violet Township Road Department and Violet Township Fire Department and all applicable utility providers of the right-of-way excavation and to obtain all required permits prior to the commencement of any work or excavation in the road right-of-way.

4. Applicant agrees to indemnify and hold harmless Violet Township, its Board of Trustees, and all officers and agents of the Township, for any loss or cost, liability, damage, claim, demand or cause of action arising from, under or connected with the excavations and work covered by this application, and has properly executed the attached indemnification and hold harmless agreement.
5. This application is accompanied by a \$50.00 fee.
6. Plans as required by Violet Township, are attached to this application
7. A list of materials to be used is attached to this application
8. If constructing water/sewer or other utility lines a permit from the Fairfield County Utilities Department has been obtained and is attached to this application.
9. A security deposit, bond or letter of credit in the amount of \$\_\_\_\_\_ accompanies this application permit (if required). Security Deposit, Bond/Letter of Credit amounts are: If open cutting pavement - \$150.00 per square yard of pavement to be cut; minimum deposit - \$500.00; if constructing new roadway or driveway to a commercial structure or subdivision \$10,000. Security deposits shall be refunded to applicant upon performance of all conditions and agreements contained in this application and the Violet Township Right-of-Way Excavation Regulations.
10. Persons failing to comply with the approved permit, or failing to obtain a permit, shall be notified in writing by the Township that they have five (5) days from the date of notification to eliminate the violation and return the right-of-way to its original condition. Persons failing to come into compliance within the five (5) day period will be prosecuted in the Fairfield County Common Pleas Court pursuant to Section 5571.99 of the Ohio Revised Code. The Township Trustees will recommend to the court that violators be ordered to eliminate the violation at the violators expense; or that the Court appoint a qualified company to remove the violation, and the costs of the same be placed on the tax duplicate as a lien, to be collected with other taxes.
11. Inspection of work by the Violet Township Engineer is required before cover is applied.
12. Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Must be signed by property owner or owner's authorized agent)

Permit No. \_\_\_\_\_ Approved \_\_\_\_\_ Approved with modifications listed below \_\_\_\_\_

Denied \_\_\_\_\_ Reason for denial \_\_\_\_\_

Modifications to applicant's plan/materials list: \_\_\_\_\_

All fees/security deposits paid (receipt no.) \_\_\_\_\_

Signature of Official approving this permit \_\_\_\_\_

Date of Approval \_\_\_\_\_

**INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

Now comes the undersigned being \_\_\_\_\_ (hereinafter the “Undersigned”) and the Board of Trustees of Violet Township, Fairfield County, Ohio (hereinafter the “Township”) and enter into this Agreement on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

WHEREAS, the Undersigned desires to engage in excavation or construction activities within a Township roadway, pursuant to an application for such authority submitted to the Township, and

WHEREAS, the Township agrees to permit such excavation and construction but requires the execution of this Agreement pursuant to Ohio Revised Code Section 5571.16,

NOW THEREFORE, the Undersigned and the Township, in consideration of the mutual covenants and agreements, hereby agree as follows:

The Undersigned agrees to indemnify and hold harmless the Township and each member of the Board of Trustees of the Township and each officer of said Board (and their heirs, executors and administrators) who is made a party or is threatened to be made a party to any litigation, action, suit or proceeding, whether civil, criminal, administrative or investigative by reason of the fact that he is or was a trustee, officer, employee or agent of the Board or is or was serving at the request of the Board against expenses, attorney’s fees, judgments, fines and amounts paid in settlement actually and reasonably incurred by him in connection with such action, suit or proceeding in connection with any construction or excavation related activity performed by the undersigned or his designee, employee, agent, assign, or contractor, including but not limited to, any negligent or intentional act which results in any harm or damage to another. The forgoing right of indemnification shall not be exclusive of other rights or remedies to which such Board or person, his heirs, executors and administrators may be entitled.

In WITNESS WHEREOF, we have set our hands on the date set forth above.

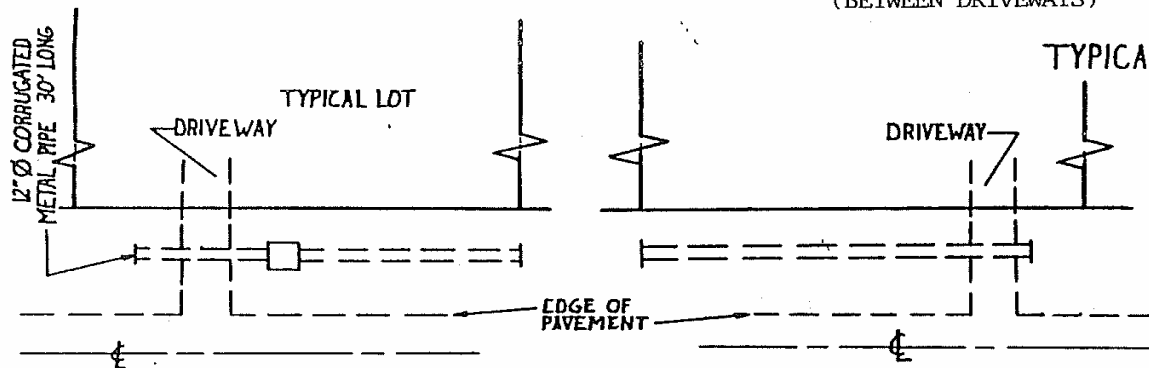
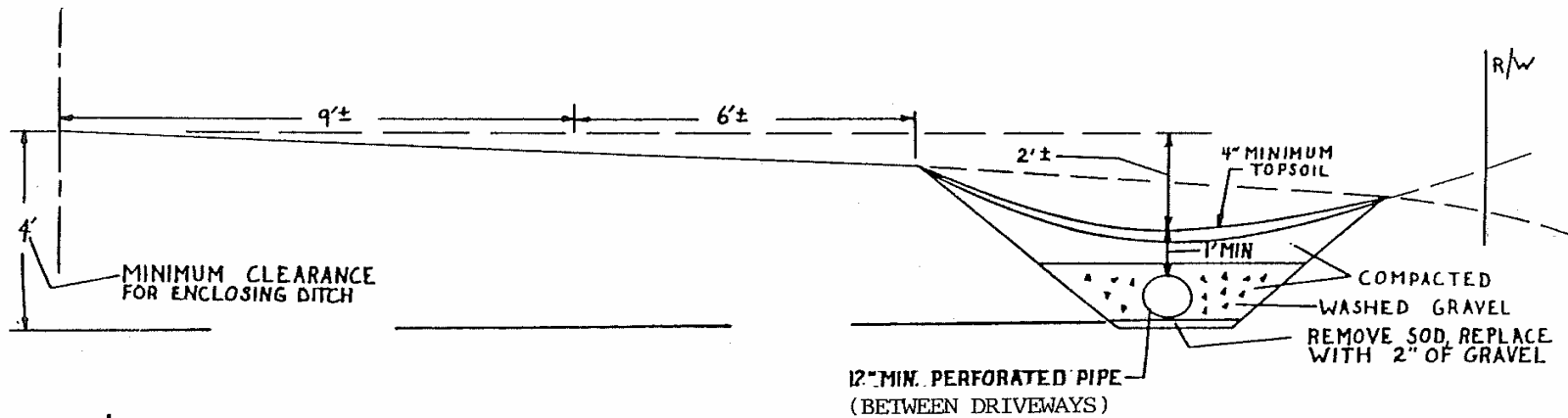
The Undersigned

Violet Township Board of Trustees:

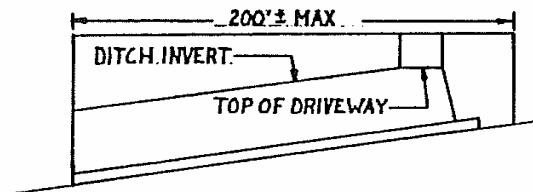
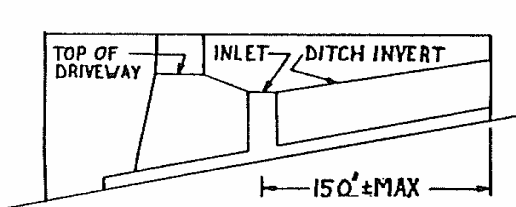
\_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative of the  
Undersigned



NOTE: THIS DETAIL IS NOT TO BE USED FOR DRIVEWAY PIPE INSTALLATIONS.



DITCH ENCLOSURE  
 Fairfield County Roads  
 Frank W. Anderson, P.E., P.S.  
 Fairfield County Engineer





Violet Township Administrative Offices  
12970 Rustic Drive  
Pickerington, Ohio 43147

Violet Township Drainage, Erosion, and Sediment  
Control (DESC) Permit Application

**A copy of this must be posted on the site at all times.**

Project/Subdivision Name: \_\_\_\_\_

Project Location/Lot Number: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Contact Address: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Erosion and Sediment  
Control Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Permit # will be issued upon review and approval of DESC Plan and Permit Application*

Office Use Only

\_\_\_\_\_ DESC submittal meets the requirements

\_\_\_\_\_ DESC submittal requires additional measures, please note

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ DESC permit # issued

DESC permit # \_\_\_\_\_

