

**APPLICATION TO
COUNTY OF SUMMIT ENGINEER
FOR
ALLOCATION OF MOTOR VEHICLE PERMISSIVE LICENSE TAX FUNDS**

1. Submitted by _____ Date _____
(City/Village)

Address _____ Signed _____

Phone _____

2. Road(s) or Street(s) to be improved _____

3. Limits of Improvements: Beginning _____

_____ Ending _____

4. Description: _____

5. Existing Pavement Type (Include Base) _____

Existing Pavement Width _____

Roadway (Right-of-Way width) _____

6. Estimated Costs:

A. Pavement _____

B. Grading & Drainage _____

C. Structures (over 10 ft.) _____

D. Right-of Way _____

E. Plan Preparation _____

F. Others _____

G. Total _____

Project Estimate \$ _____

7. Funds Requested \$ _____

8. REMARKS: _____

OFFICE USE ONLY

Do not write in these spaces

9. Approval for plan review _____

Date _____

10 Approval for Funding _____

Date _____

11. Submitted to County Executive

Date _____ Action _____ Date Returned _____

12. Funds Allocated \$ _____

Please send the completed form to: Attn: Marie Newlove
Summit County Engineer
538 E. South St.
Akron, OH 44311