Ohio Public Works Commission

www.pwc.state.oh.us

Request to Proceed

Subdivision: Village of Ashville County: Pickaway

Project Name: Intersection Improvement, SR 752 & Long Street

Contact: Franklin Christman Phone: 740 / 983 – 7132

OPWC Project#: CT72N CT73N

Date: 10 / 22 / 2013

Subdivision Code 129-02680

I. Flood Damage Reduction Standards

(A Local Floodplain Permit or approval from ODNR must be issued for this project if it is in a 100 year floodplain)

Is this project located within a 100 year floodplain? **(If no, proceed to Section II)** ____Yes X No

Does this subdivision participate in the National Flood Insurance Program? X Yes ____No

If Yes, attach a copy of your **Local Floodplain Permit.**

If No, attach a letter from **Ohio Department of Natural Resources (ODNR)** stating the requirements of the **National Flood Insurance Program** have been met.

II. Water Supply Projects Attach a copy of your **EPA** plan approval letter

III. Local Force Account Designation **(Attach detailed cost estimate)**

Total Amount of Estimate(s) $ NA

Subdivision Federal Tax ID NA

IV. Request for Change

(Attach) ____Project Schedule

____Local Officials

____Other

V. Contractor / Supplier Designation

[X] *Contractor* [ ] *Supplier* [ ] *Consultant*

Name: Decker Construction Company

Address: 3040 McKinley Avenue

Columbus, Ohio 43204

Contact: Jon Ewert www.jewert@deckerconstruction.com

Phone: (614) 488 - 7958 Fed Tax ID# 31-0983557

Estimated Start Date: 11 / 01 / 2013

Scope of Work: **Construction of the Intersection Improvement, SR 752 & Long Street**

Amount of this Contract $ 805,959.10

Fax: (614) 885 - 2886 Website www.deckerconstruction.com

VI. Local Authorization

Franklin Christman

Authorized Signature Franklin Christman

Date: 10 /22 /2013

OPWC USE ONLY

Accounting _____

Notice to Proceed

____Approved

____Disapproved

Request for Change

____Approved

____Disapproved

____**EPA** approval letter not attached

____Form is not complete

____**Authorized** signature required

____Flood Damage Reduction Standards not met

____Other _____

Date: ___/___/___ Authorized Signature: _____

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