



155 East Broad Street
20th Floor
Columbus, Ohio, 43215

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April 23, 2020

Ms. Tanowa M. Troupe
Ohio Power Siting Board
PUCO Docketing Division
180 East Broad Street, 11th Floor
Columbus, OH 43215-3716

Re: Case No. 16-253-GA-BTX
Sharonville Permit 2020-001-29 Conrey Road Bore

Dear Ms. Troupe:

Duke Energy Ohio, Inc., is filing, herewith, Permit No. 2020-001-29, issued by the City of Sharonville, for a bore under Conrey Road.

Please contact me if you have any questions.

Sincerely,

Emily A. Olive, CP
Paralegal



513.563.1177

Sharonville Municipal Building
10900 Reading Road
Sharonville, Ohio 45241

IN ORDER TO BE ELIGIBLE FOR A PERMIT TO OPEN A CITY OF SHARONVILLE STREET, APPLICANT MUST PROVIDE A \$2,000 RESTORATION BOND IN THE NAME OF THE CITY OF SHARONVILLE FOR EACH CUT TO BE MADE, IDENTIFIED BY EXACT LOCATION.

THIS BOND MUST BE PRESENTED BEFORE A PERMIT IS ISSUED AND MUST REMAIN IN EFFECT UNTIL IT IS RELEASED BY THE CITY OF SHARONVILLE IN WRITING, AT LEAST ONE YEAR FROM DATE OF RESTORATION.

BOND HAS BEEN POSTED WITH THE CITY OF SHARONVILLE IN THE AMOUNT OF \$ _____

BONDING COMPANY _____ BOND # _____

ISSUE DATE _____

THE RECIPIENT OF THIS PERMIT _____ EXPRESSLY AGREES TO DO ALL WORK OF EXCAVATION, REFILLING AND TEMPORARY AND/OR PERMANENT REPAIRING IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE CITY OF SHARONVILLE, OHIO WHICH ARE ATTACHED TO THIS PERMIT.

SIGNATURE OF CONTRACTOR/AGENT

DATE

STREET OPENING PERMIT

PERMIT NUMBER 2020-001-29 DATE 4/17/20

PERMISSION IS HEREBY GRANTED TO: Duke Energy Ohio

ADDRESS 139 E. 4th Street, Cincinnati, OH 45202

CONTACT PERSON Nick Weil

COMPANY PHONE NUMBER: DURING BUSINESS HOURS 513-287-2088 AFTER NORMAL WORKING HOURS 513-808-7862

TO: BORE _____ OPEN CUT _____

STREET Conrey Rd BETWEEN School Rd AND Edington Dr

FOR THE PURPOSE OF: installing 20" ST pipeline across Conrey Rd. Normal daily work hours to be 7am to 7pm.

SIZE AND TYPE OF OPENING: SOD 15'-20' x 4'-7' ASPHALT 24' by 4' - 7' CONCRETE _____

PERMIT ISSUED BY: Joni Bishop TITLE Admin. Clerk
AGENT, CITY OF SHARONVILLE

\$15 FEE COLLECTED _____ RECEIPT # _____ DATE OF FINAL RESTORATION: _____
(TO BE FILLED IN ON DATE FINAL RESTORATION IS MADE)