City of Crestview Hills
Application for Right of Way Encroachment Permit

Permittee Information

Name: _____

Address: _____

_____

City: _____

State: _____ Zip: _____

Phone: _____

Cell: _____

E-Mail: _____

Permit Information

Address: _____

City: _____

State: _____ Zip: _____

Dates of Work: _____

Nature of Encroachment:

☐ Driveway ☐ Utilities

☐ Landscape ☐ Other: _____

Type of Indemnity

☐ Bond ☐ Cash ☐ Self-Insured

Name/Address of Self Insured Rep/Agency:

_____

_____

General Description of Work (*please attach any plans to this application*):

_____

Signature Date

This is not a permit unless and until the permitee receives an approved "Right of Way Encroachment Permit" form from the City of Crestview Hills. Contact the City at 859-341-7373 with any permit questions.