



RIGHT-OF-WAY ENCROACHMENT PERMIT APPLICATION

50 Town Center Boulevard, Crestview Hills, KY 41017

Phone: 859-341-7373 | Fax: 859-341-6993 | Email: encroachmentpermits@crestviewhills.com

Name of Utility Company (if applicable): _____

Name of Entity Applying for Permit: _____

Contact Person: _____

Address: _____

Number Street Name City State ZIP

Phone Number(s): _____

Cell Work & Ext/Direct Line Fax

Email

Name of Entity doing the work at site: _____

(Please attach copy of the Occupational License for Entity doing work)

On Site Contact: _____

Name Phone Email

Location of Encroachment Activity: _____

Description of Proposed Work: _____

*Please attach any detailed plans and additional project descriptions

Duration of Excavation Start: _____ End: _____

Estimated Restoration Complete Date _____ (Notify Public Works Director once complete)

List Approximate Size of Each Type of Cut: _____

Billing Information: (If different than above)	Permit Fees (Complete ALL that apply):
Name: _____	Street Cut (\$50 x ___) \$ _____
Address: _____	Sod Cut (\$15 x ___) \$ _____
_____	Bore Cut (\$___) \$ _____
Direct Phone: _____	Sidewalk/Bike Path Cut \$ _____
Email: _____	Blocking Street (\$15 x ___) \$ _____
	TOTAL (Note: Max Fee is \$50 per permit) \$ _____

OFFICIAL USE ONLY

Permit Number: _____

Approved as submitted: Yes No Approved with conditions: Yes No

Denied: Yes No

Is City Inspection of restoration required? Yes No

Fee Paid: Yes No If yes, Check Number: _____

City Official

Date