

Encroachment Permit Application

City of Middletown, Kentucky

Applicant

Contact Person: _____ Company: _____

Address: _____ City: _____ State: ____ Zip: _____

Office Phone: (____)____-____ Cell Phone: (____)____-____ Fax: (____)____-____

Email: _____

Property Owner

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Office Phone: (____)____-____ Cell Phone: (____)____-____ Fax: (____)____-____

Email: _____

Project Location

Address: _____ City: _____ State: ____ Zip: _____

Location on Property: _____

Type of Encroachment

(Check all that apply)

Entrance/Curb Cut

- Residential
- Commercial/Business

Utility

- New Overhead
- New Underground
- Repair/Maintenance

Building/Grade Work

- Fill
- Landscape on Right of Way/Easement
- Structure in Right of Way/Easement
- Other _____

Pavement Cut

- Street
- Sidewalk
- Driveway
- Other _____

Encroachment Description:

*******NOTE*******

Please attach a descriptive drawing that shows the encroachment and its relation to any nearby existing utilities and/or structures. Application will not be approved without a drawing.

Proposed Start Date: _____

Proposed Completion Date: _____

Restoration Plan Attached

Traffic Control Plan Attached

(I/We) hereby certify that all the information contained in this application is true and complete to the best of my knowledge and (I/We) will comply with the terms and conditions under which the encroachment permit hereby applied for is issued. Furthermore, (I/We) agree to fully indemnify and hold harmless the City and all of its employees, officials and representatives from any claim, damage or injury to a person or property arising or alleged to arise from any work related to the approved encroachment or work thereof.

Applicant Signature: _____

Date: _____

Property Owner Signature: _____

Date: _____

Permit is hereby granted to perform such work. A copy of the permit, the application and the specification shall be available at the jobsite at all times. **A BOND IS REQUIRED FOR THIS PROJECT IN THE AMOUNT OF:** _____

Permit Approved By: _____

Date: _____

Final Inspection Approved By: _____

Date: _____

Bond Refund Date: _____

(Office Use Only) Requires Inspection ___ Requires * Bond/Insurance ___ Requires Additional Plans (Traffic Control or Restoration) ___

***Minimum Amount of Bond Required (Payable upon application) \$5,000.00** \$_____ **File Close Date:** _____

City of Middletown • marty@cityofmiddletownky.org

P.O. Box 43048, Middletown, KY 40253

502-245-2762 (o)

502-245-6045 (f)