



**THE CITY OF ERLANGER
PUBLIC WORKS DEPARTMENT**

PHONE: 859.727.3893

**APPLICATION FOR PERMIT TO OPEN STREET/ROW IN THE CITY OF
ERLANGER**

DATE: _____ START DATE: _____ COMPLETED DATE: _____

LOCATION: _____

SCHEDULED WORK WITH WRITTEN PERMISSION & REQUIRED INSPECTIONS

EMERGENCY WORKED WITH VERBAL PERMISSION-8:00AM TO 5:00PM

EMERGENCY WORKED WITHOUT PERMISSION-5:00PM TO 8:00AM /WEEKENDS

APPLICANT: _____

ADDRESS: _____ PHONE #: _____

CONTACT PERSON: _____

OPENING(S) LENGTH: _____ WIDTH: _____

PROJECT: _____

PURPOSE: _____

STREET CUTS:

ASPHALT BRICK CONCRETE UNIMPROVED OTHER

NON-STREET CUTS:

UNIMPROVED CONCRETE SDWK. SOD BRICK SDWK.

CONC. DRIVEWAY OTHER _____

**APPLICANT MUST CONTACT PUBLIC WORKS DEPARTMENT FOR
REQUIRED INSPECTIONS 24 HOURS IN ADVANCE.**

**ALL STREET REPLACEMENTS MUST CONFORM TO THE CITY OF
ERLANGER STANDARDS.**

PERMISSION IS HEREBY GRANTED TO OPEN STREET AS INDICATED ABOVE.

(SIGNED)

(DATE)

(PERMIT #)