



ERLANGER

PUBLIC WORKS

PUBLIC WORKS DEPARTMENT

PHONE: 859.727.7628

APPLICATION: R.O.W. ENCROACHMENT PERMIT IN THE CITY OF ERLANGER

DATE: _____ START DATE: _____ COMPLETION DATE: _____

LOCATION: _____

☐ SCHEDULED WORK WITH WRITTEN PERMISSION & REQUIRED INSPECTIONS

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

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

APPLICANT: _____

ADDRESS: _____ PHONE #: _____

CONTACT PERSON: _____

EMAIL: (if you want a copy sent back to you) _____

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.

CITY OF ERLANGER USE ONLY

PERMISSION IS HEREBY GRANTED AS INDICATED ABOVE.

(SIGNED)

(DATE)

(PERMIT #)