



ERLANGER

PUBLIC WORKS

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.

Phone: 859-727-7992

Send Completed Permit To: pwadmin@erlangerpw.com

_____ CITY OF ERLANGER USE ONLY _____

PERMISSION IS HEREBY GRANTED AS INDICATED ABOVE.

(SIGNED)

(DATE)

(PERMIT #)