



**CITY OF CRESTVIEW HILLS, KY**  
**RIGHT-OF-WAY ENCROACHMENT PERMIT**  
**APPLICATION**

50 Town Center Boulevard, Crestview Hills, KY 41017  
 Phone: 859-341-7373 | Fax: 859-341-6993

**Name of Utility Company:** \_\_\_\_\_

**Name of Entity Applying for Permit:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Number Street Name City State ZIP*

**Phone Number(s):** \_\_\_\_\_  
*Cell Work Fax*

**Location of Encroachment Activity:** \_\_\_\_\_

**Type and Number of Encroachments (Check ALL that apply and list the number of each):**

**Street Cut:** \_\_\_\_      **Sod Cut:** \_\_\_\_      **Bore Cut:** \_\_\_\_  
**Sidewalk/Bike Path Cut:** \_\_\_\_      **Blocking Street:** \_\_\_\_

**List Approximate Size of Each Type of Cut:** \_\_\_\_\_

<b>Permit Fees (Complete ALL that apply):</b>	<b>Street Cut (\$50 x ____)</b>	<b>\$ ____</b>
	<b>Sod Cut (\$15 x ____)</b>	<b>\$ ____</b>
	<b>Bore Cut (\$20 x ____)</b>	<b>\$ ____</b>
	<b>Sidewalk/Bike Path Cut (\$20 x ____)</b>	<b>\$ ____</b>
	<b>Blocking Street (\$15 x ____)</b>	<b>\$ ____</b>
	<b>TOTAL (Note: Maximum Fee is \$50 per permit)</b>	<b>\$ ____</b>

**OFFICIAL USE ONLY**

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