



2355 Dixie Highway  
Fort Mitchell, Kentucky 41017  
Public Works Department  
MStegman@FortMitchell.com

**APPLICATION FOR PERMIT TO CUT, EXCAVATE OR BORE IN THE CITY RIGHT OF WAY**

**UTILITY COMPANY** \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ EMERGENCY # \_\_\_\_\_

Street _____
Sidewalk _____
Sod Area _____
New Construction _____

**NAME OF CONTRACTOR** \_\_\_\_\_

**Occupational License #** \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ EMERGENCY # \_\_\_\_\_

LOCATION OF PROJECT: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

(Please attach 2 sets of plans indicating purpose of cut, width, depth, name of street and approximate location, i.e. street address and nearest cross street)

EXPECTED DATE OF OPENING \_\_\_\_\_ ANTICIPATED DATE OF CLOSING \_\_\_\_\_

**\*APPLICANT SHALL CONTACT PUBLIC WORKS DEPARTMENT UPON COMPLETION OF ALL RESTORATION WORK TO SCHEDULE FINAL INSPECTION (859) 331-1212.**

**THE APPLICANT OF THIS PERMIT TO CUT, EXCAVATE OR BORE IN THE CITY RIGHT OF WAY AGREES TO COMPLY WITH THE REGULATIONS OF THE CITY OF FORT MITCHELL PURSUANT TO CITY ORDINANCE CHAPTER 93.25-93.30**

\_\_\_\_\_  
**Date of Application**

\_\_\_\_\_  
**Signature of Applicant**

Office Use Only	
Type of Bond Posted _____	Amount of Bond Posted _____
Permit Number _____	Permit Fee _____
APPROVED BY: _____	DATE: _____