



City of Fort Thomas
130 N. Ft. Thomas Avenue
Ft. Thomas, KY 41075
General Services Department

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 _____

ADDRESS _____

PHONE # _____ EMERGENCY # _____

Occupational License # _____

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 GENERAL SERVICES DEPARTMENT UPON COMPLETION OF ALL RESTORATION WORK TO SCHEDULE FINAL INSPECTION (859) 572-1210.**

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 THOMAS PURSUANT TO CITY ORDINANCE 04-2004.

DATE OF APPLICATION _____

SIGNATURE OF APPLICANT _____

OFFICE USE ONLY

Type of Bond Posted _____ Amount of Bond Posted _____

Permit Number _____ Permit Fee _____

APPROVED BY _____ DATE _____