

RIGHT OF WAY ENCROACHMENT PERMIT APPLICATION

PLEASE FILL OUT THE FOLLOWING:

DATE: _____

PROPERTY OWNER: _____

OWNER'S PHONE NUMBER: _____

OWNER'S CURRENT ADDRESS: _____

LOCATION OF PROPOSED ENTRANCE: _____

TYPE OF ENCROACHMENT (PLEASE CHECK ONE):

RESIDENTIAL

COMMERCIAL

OTHER _____

BRIEF DESCRIPTION OF WORK TO BE DONE: _____

As applicant for this Entrance Permit, I hereby agree that all information provided is accurate. I further accept full responsibility that any work done on the Warren County Right of Way will be in compliance with all Warren County Ordinances and to the satisfaction of the Warren County Road Supervisor or his appointee. Any future maintenance of the encroachment is the responsibility of the property owner.

Applicant's Signature _____ Date _____

Road Supervisor or Appointee: _____ Date _____

FOR OFFICE USE ONLY:

BUILDING PERMIT # _____

____ WARREN COUNTY ROAD DEPT

JERRY YOUNG

638 E, 5TH STREET, BG KY 42101

270.843.8328 PHONE

270.843.5355 FAX

____ WARREN COUNTY PUBLIC WORKS

JOSH MOORE

1141 STATE STREET, BG KY 42101

270.843.5360 PHONE

270.781.9275 FAX

____ **APPROVED**

____ **DENIED**

COMMENTS: _____
