THE CITY OF FLORENCE
PUBLIC SERVICES DEPARTMENT
PHONE : 859-647-5416

APPLICATION FOR PERMIT TO OPEN STREET IN THE CITY OF FLORENCE

DATE _____ START DATE _____ COMPLETED DATE _____

LOCATION _____

( ) SCHEDULED WORK WITH WRITTEN PERMISSION AND REQUIRED INSPECTIONS
( ) EMERGENCY WORKED WITH VERBAL PERMISSION-8:00AM TO 5:00PM
( ) EMERGENCY WORKED WITHOUT PERMISSION-5:00PM TO 8:00AM /WEEKENDS

APPLICANT _____
ADDRESS _____ PHONE # _____
CONTACT PERSON _____
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 SERVICES DEPARTMENT FOR REQUIRED INSPECTIONS 24 HOURS IN ADVANCE.
ALL STREET REPLACEMENTS MUST CONFORM TO THE CITY OF FLORENCE STANDARDS.

PERMISSION IS HEREBY GRANTED TO OPEN STREET AS INDICATED ABOVE.

_____ _____ _____
(SIGNED) (DATE) (PERMIT #)