

Encroachment Permit Application

Campbell County Planning & Zoning Department
1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

Phone: (859) 292-3880
Fax: (859) 547-1868

www.campbellcountyky.org

1. Project Located In:

- Unincorporated Campbell County or in the City of:
- | | | | | |
|-------------------------------------|---|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alexandria | <input type="checkbox"/> Bellevue | <input type="checkbox"/> California | <input type="checkbox"/> Cold Spring | <input type="checkbox"/> Crestview |
| <input type="checkbox"/> Dayton | <input type="checkbox"/> Highland Heights | <input type="checkbox"/> Melbourne | <input type="checkbox"/> Mentor | <input type="checkbox"/> Silver Grove |
| <input type="checkbox"/> Southgate | <input type="checkbox"/> Woodlawn | | | |

2. Project Address: _____

3. PIDN: 999-99-____ - _____

4. Property Owner's Name: _____

Address: _____

City _____ State _____ Zip _____
Phone Number: _____ Email: _____

5. Contractor's Name: _____

Address: _____

City _____ State _____ Zip _____
Phone Number: _____ Email: _____

6. Applicant's Name: _____

Address: _____

City _____ State _____ Zip _____
Phone Number: _____ Email: _____

7. Use of Encroachment:

- Residential Commercial Industrial
 Farm Other: _____

8. Type of Encroachment: *The first ten (10') feet of driveways on County maintained roads, must be paved.*

- Concrete Asphalt
 Other: _____

9. Cost of Improvement: \$ _____

10. Floodplain: Is any portion of this project located in the Floodplain? Yes No

11. Steep Slopes: Is any portion of this project located on a Hillside Slope of 20% or Greater? Yes No

12. SIGNATURE: I hereby certify that I am requesting this permit on behalf of all owners of the property and that the information contained in this application and attachments is true and correct and that any misrepresentations or misstatement of facts shall be grounds for denial or revocation of the permit.

No work shall begin until the proper permits have been issued. If work begins prior to issuance of a permit, all fees may be subject to a penalty equal to the total cost of the permit. The applicant is responsible for meeting all requirements of the Kentucky Building Code and local zoning ordinances. All fees are nonrefundable.

Print Name

Applicant's Signature

Date

The following documents are required for all construction projects and must be submitted with the application.

- Two (2) copies of site plan indicating the materials used for creation of the driveway (concrete or asphalt); depth of material; information on subbase; etc. and showing the shape and dimensions of the lot; the location and dimensions of all existing and proposed buildings or additions to existing buildings; and the location and names of all existing roads; and any right-of-ways and access easements of record.
- Affidavit of Assurance and Contractor's Occupational Tax License Number
- Permit Fees

Section B: To be completed by the Road Department/Public Works Supervisor.

Pipe Size Required (12" Minimum): _____ Pipe Material: _____

Projected Date of Installation: _____

Special Instructions to Applicant: _____

Plan Reviewed By: _____
Road Department/Public Works Supervisor Date

INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL

APPLICATION #'s:

BP - _____ - _____

FEE	DESCRIPTION
\$	Encroachment Permit
\$	Other
\$	TOTAL AMOUNT DUE

DATE RECD: _____

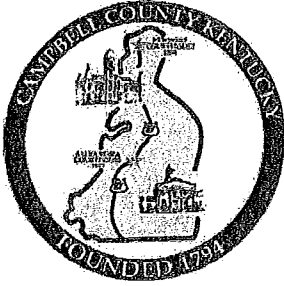
Credit Card

Cash

Check #

Check Name: _____

Current Zone: _____



Affidavit of Assurances

**Campbell County & Municipal
Planning & Zoning Commission**
1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

Phone: (859) 292-3880
Fax: (859) 547-1868

www.campbellcountyky.org

Project Address: _____

Project Name: _____

Here comes the entity performing the work, _____, and states,
(Print Name)
pursuant to KRS 198B.060(10), that all Contractors and Sub-Contractors employed or that will be employed on any activity under the above referenced project shall be in compliance with the Commonwealth of Kentucky requirements for Workers' Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

This the _____ day of _____, 20_____.

Signature of Entity Performing the Work

Occupational Tax License #: _____ County _____ City _____
Campbell County Acct # _____ Project City Acct # _____

For additional information on Occupational Tax Licenses, please call (859) 292-3884.

-----*TO BE COMPLETED BY NOTARY*-----

County of: _____

State of: _____

The foregoing Affidavit of Assurance was acknowledged and sworn before me by

_____, on the _____ day of _____, 20_____.

Notary Public: _____
Print Name

Signature

Notary of which state: _____ Notary ID #: _____

Commission Expiration Date: _____