

OLDHAM COUNTY INSPECTIONS

**100 WEST JEFFERSON ST.
LAGRANGE, KY. 40031
(502)222-3967 (FAX): (502)222-0134**

APPLICATION FOR ROAD ENCROACHMENT

\$50.00 FEE

Applicant Information:

Date: _____

Name: _____

Contact Person: _____ Phone Number: _____

Address: _____

City, State, Zip Code: _____

Location of Requested Encroachment: _____

TYPE OF ENCROACHMENT:

Residential: _____ Commercial: _____ Other: _____

***** FOR PROPER EVALUATION *****

APPLICANT MUST PLACE STAKE IN CENTER OF PROPOSED DRIVEWAY

APPLICANT SIGNATURE: _____

(Do not write below this line)

Inspector: _____ Date: _____

A Minimum 15" X 20' CMP or Equivalent Driveway Culvert is required: YES / NO

\$50.00 Fee Paid: YES / NO Cash/Check Number: _____

Building Permit Number: _____

Remarks: _____

In the event the entrance pipe becomes damaged during construction on the premises, all work shall cease until the pipe is repaired or replaced:

If this permit is not used within 90 days from date of issuance, it becomes null and void.

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ENCROACHMENT REQUIREMENTS

CONDITIONS OF APPROVAL:

- 1. THE PERMIT HOLDER AGREES TO COMPLETE THE CONSTRUCTION OF THE ENTRANCE AS DIRECTED, PRIOR TO ANY OTHER WORK BEING INIATED ON THE PERMITTED PROPERTY.**
- 2. THE PERMIT HOLDER AGREES TO MAINTAIN THE ENTRANCE INCLUDING ANY REQUIRED PIPE IN ITS APPROVED CONDITION DURING THE PERMITTED CONSTRUCTED.**
- 3. THE PERMIT HOLDER WILL LIMIT INGRESS AND EGRESS TO THE APPROVED ENTRANCE DURING THE PERMITTED CONSTRUCTED.**
- 4. THE PERMIT HOLDER AGREES TO ACCECT RESPONSIBILITY FOR ANY FOREIGN MATERIAL DEPOSITED UPON THE COUNTY ROAD AS A RESULT OF CONSTRUCTION AND SHALL IMMEDIATELY REMOVE SAID MATERIALS.**
- 5. THE PERMIT HOLDER AGREES TO PROMPLY REPAIR THE COUNTY'S RIGHT-OF-WAY, RESULTING FROM HIS ACTIONS OR THOSE OF HIS AGENTS TO INCLUDE ROADWAY, DITCHES, SHOULDERS, ETC. DURING THE PERMITTED CONSTRUCTION.**
- 6. AT ANY TIME DURING THE CONSTRUCTION ON SAID PROPERTY, FAILURE TO COMPLY WITH THE TERMS OF THIS PERMIT SHALL RESULT IN A STOP WORK ORDER TO INCLUDE ANY CONSTRUCTION ON SAID PROPERTY.**

APPLICANT SIGNATURE: _____

DATE: _____