



City of Jeffersontown

Department of Public Works
10416 Watterson Trail
Jeffersontown, KY 40299
Phone: (502) 267-8333 Fax: (502) 267-0547
jeffersontownky.gov

FOR OFFICE
USE ONLY

Date: _____

Permit Number: _____

Permit for Objects in the Right-of-Way

Applicant Name: _____ Date: _____

Applicant's Address: _____

Applicant's Phone Number: _____ Email Address: _____

Location(s) of Installation: _____

Checklist for Required Items to be submitted:

- Photographs and detail sheets of items to be installed. Number provided: _____
- Scale drawing for Proposed Installation: _____
- Insurance Certificate: _____
- Maintenance Agreement: _____
- Permit Fees: _____
- Indemnification Statement (See applicable section of City of Jeffersontown Ordinance.)
- Approval of Kentucky Transportation Cabinet or Historical or Overlay District, if applicable.
- Bond (If required by the Public Works Director.)

Special Notes: _____

The undersigned hereby makes application for a permit to do the work outlined in this application, and if desired permit is issued, agrees to comply with all existing Ordinances of City of Jeffersontown and all provisions of the Regulations of the Department of Public Works regulating the use and placement of objects in the public way.

NOTICE: Any person, persons, corporation, agency, partnership, utility or other instrumentality to whom this permit is granted WILL TAKE NOTICE that no investigation or examination of the work site surface or subsurface thereof, has been undertaken by the City of Jeffersontown preparatory to the granting of this permit.

SURFACE AND SUBSURFACE EXAMINATION AND INVESTIGATION OF THE WORK SITE SHOULD BE UNDERTAKEN BY THE PERMITTEE PRIOR TO THE COMMENCEMENT OF THE WORK COVERED UNDER THIS PERMIT.

In signing the application for the permit sought hereunder the applicant/owner acknowledges that the above provisions as to Indemnity of the City of Jeffersontown and as to site inspection have been read and hereby agreed to.

Applicant Signature: _____ Date: _____ Phone: _____

Owner Signature: _____ Date: _____ Phone: _____