APPLICATION FOR PERMIT TO CUT OR DIGINTO PUBLIC THOROUGHFARE OR SIDEWALK

Phone #

City of Paris, Kentucky

Address of Cut or Dig_____

Purpose of Same_____

Description of Cut or Dig____

Address of Applicant_____

Applicant_____

Estimated Cost to Replace to Proper Condition
Period Requested for Permit
DateApplicant
••
CUTTING OR DIGGING PERMIT
The above described work is hereby authorized upon the conditions specified in the attached performance bond.
Building Inspector
RELEASE:
I hereby release the bond and/or surety from further liability, the above work having been completed to my satisfaction.
Date
Building Inspector

**On back, please make a sketch showing location of cut relative to a building, street intersection, etc. State size, depth, type (PVC, DI, etc) of waterlines

or sewerlines.