

DRIVEWAY APRON PERMIT APPLICATION

City of Radcliff Planning Department
411 West Lincoln Trail Blvd., P. O. Box 519
Radcliff, KY 40159-0519
270-351-1875



Applicant's Name: _____

Address: _____

Phone Number: _____

Contractor's Name: _____

Address: _____

Phone Number: _____

Address of Driveway Apron Location: _____

Subdivision Name: _____

I (We) do hereby certify that the information provided herein is both complete and accurate to the best of my (our) knowledge, and I (we) understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Property Owner(s) / Applicant(s) Signature Title Date

FOR OFFICIAL USE ONLY

Received by: _____ Date Received: _____

Planning Official Approval: _____ Date: _____

Building Official Approval: _____ Date: _____