



**City of Jeffersontown**  
Department of Permitting and Enforcement  
10416 Watterson Trail  
Jeffersontown, KY 40299  
Phone: (502) 267-8333 Fax: (502) 267-0547  
[jeffersontownky.gov](http://jeffersontownky.gov)

FOR OFFICE  
USE ONLY

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

## Residential Driveway / Connection Application

### APPLICANT INFORMATION (Please Print)

CONTRACTOR: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address of Site (If different): \_\_\_\_\_

**PLEASE ATTACH MAP-PLOT PLAN / DRAWING SHOWING DRIVEWAY / APRON DIMENSIONS,  
LOCATION AND CROSS SECTION OF DRAINAGE FEATURES**

PROPERTY OWNER (If different than above.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address of Site (If different): \_\_\_\_\_

### CERTIFICATION

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate. I will not begin work on the driveway / connection until I receive my permit. I understand that failure to do so could result in a citation and a one hundred dollar (\$100.00) per day fine. I understand all conditions of the permit. When I begin work on the driveway / connection I am accepting all conditions listed in my permit.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_