

FRANKLIN-SIMPSON PLANNING & ZONING

UTILITY AVAILABILITY FORM

DATE _____

APPLICANT FOR BUILDING PERMIT _____

NAME OF OWNER _____

LOCATION _____
Number Street/Road Subdivision

TYPE OF PERMIT _____

Authorized signature, with date, to be signed as indicated below for availability of necessary utility for issuance of a building permit. If utility is not available, please indicate as such.

Electric Plant Board _____ Date _____
Authorized Signature

Telephone Service _____ Date _____
Tracy Thomas 270-846-3033 (Contacted) Authorized Signature

Warren Rural Electric _____ Date _____
Authorized Signature

Simpson County Water _____ Date _____
District Authorized Signature

Simpson County Health Department _____ Date _____
Department (septic system only) Authorized Signature

State or County Road Encroachment Permit:

_____ Date _____

Signature of State or County Official
(Simpson County 586-7184) (Kentucky State 586-8115)