

ENCROACHMENT PERMIT APPLICATION

APPLICANT/CONTACT INFORMATION

Company/Name: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Phone # (O): _____ Phone # (C): _____

OWNER INFORMATION

Owners Name: _____

Assessor Parcel Number (APN): _____

Address of Encroachment: _____

TYPE OF ENCROACHMENT PERMIT

Standard: _____ Utility: _____ Recordable: _____

Job Number (If Applicable) _____ Start Date: _____

Project Description:

I hereby apply for a permit to encroach on Placer County right-of-way and hereby agree to adhere to all provisions of encroachment stated in the General Provisions of Encroachment, all County codes and ordinances, street and highway codes, vehicle codes, and all special conditions placed on permit, if granted.

Signature of Applicant: _____

Print Name of Applicant: _____

Date: _____

