



ENCROACHMENT PERMIT APPLICATION FORM

DATE: _____

LOCATION AND DESCRIPTION OF WORK (Drawing Required): _____

NAME OF APPLICANT: _____

ADDRESS _____

PHONE: _____ CELL: _____

PROPERTY OWNER'S NAME: _____

ADDRESS _____

PHONE: _____

NAME OF CONTRACTOR: _____

ADDRESS _____

PHONE: _____

CONTACT PERSON: _____ PHONE: _____ CELL: _____

ESTIMATED STARTING DATE: _____ COMPLETION DATE: _____

CITY BUSINESS TAX RECEIPT NO. (Contractors Only): _____

STATE LICENSE NO. (Contractors Only): _____

UNDERGROUND SERVICE ALERT TICKET NO. _____

REQUIRED WHEN WORK INCLUDES EXCAVATION.

Return completed *Encroachment Permit Application Form* along with a Drawing of the work and Certificate of Insurance, including amendatory endorsement(s), to the Engineering Division for permit review, determination of fees, and processing.

After a complete Application has been received allow at least three (3) working days for processing. If you have any questions concerning your Encroachment Permit Application please call the Engineering Division at 875-8269.