

APPLICATION FOR ENCROACHMENT PERMIT

PLEASE PRINT:

Date _____

To: San Joaquin County
 Department of Public Works

 (Applicant Name)

 (Mailing Address)

 (City, State, Zip Code)

 (Area Code - Telephone Number)

 (Email Address)

OFFICE USE ONLY			
JOB #	_____	REF #	_____
APN	_____	CR #	_____
EXP. DATE	_____		
VALID	_____ TO _____		DRIVEWAYS:
STREET	_____		* _____
AREA	_____ QUAD _____		* _____
TYPE	_____		* _____
FORMS	_____		
NOTES	_____		

Sketch (Detailed plans may be submitted)

The undersigned hereby applies for permission to excavate, construct and/or otherwise encroach on County highway right-of-way on the _____ side of _____ approximately _____ feet/ mile _____ of _____, _____, by performing the following work (description of work):

Work will commence on or after _____ for approximately _____ days.

I, the undersigned, certify that I am the owner of the respective property, or am qualified to represent the owner and agree to do the work described above in accordance with the rules and regulations of San Joaquin County and subject to inspection and approval.

 Signature of Applicant - Title

 Date