# 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)

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 about _____ 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