

**APPLICANT INFORMATION** 

## PLACER COUNTY DEPARTMENT OF PUBLIC WORKS

Ken Grehm, Director Peter Kraatz, Deputy Director

## **ENCROACHMENT PERMIT APPLICATION**

Company/Name:
Mailing Address:
City, State, Zip:
Phone Number: Fax Number:
Email Address:
OWNER INFORMATION
Owners Name:
Assessor Parcel Number (APN):
Address of Encroachment:
Start Date: Application Date:
TYPE OF ENCROACHMENT PERMIT
Standard: Recordable:
Utility: Repair/Maintenance Transverse Trench Longitudinal Trench
Project Description:
I hereby apply for a permit to encroach on Placer County right-of-way and hereby agree 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 specia conditions placed on permit, if granted.
Signature of Applicant:
Print Name of Applicant: