APPLICATION FOR ENCROACHMENT PERMIT

810 Court Street • Jackson, CA 95642 • Phone: 209-223-6429 • Fax: 209-223-6395 e-mail: publicworks@amadorgov.org • website: www.amadorgov.org



OWNER NAME:				
MAILING ADDRESS:				
PHONE #	EMAIL:			
APPLICANT/CONTRACTOR NAME (if other than owner)				
MAILING ADDRESS:				
PHONE #	EMAIL:			
PROJECT LOCATION:				
PARCEL #				
DRIVING DIRECTIONS TO SITE:				
IS ENCROACHMENT A PROJEC	T CONDITION FOR ANY OF] Subdiv. Map □GP Amend.			□ None
STAKE UP DATE	START DATE	COMPLET		TE
	quired a addresses in project location) I *** Required		AMADOF SU 8.29.06 *E FEE: S Contrac Securit refur A site ins be charg existing County approved	ADOPTED BY THE COUNTY BOARD OF PERVISORS ON FFECTIVE ON 9.29.06 * \$625.00 + 75% of tor's Estimate for y. The security will be ided upon project completion. pection fee of \$85 will jed to determine if an encroachment meets requirements. If it is "as is" all but the \$85 will be refunded.
DEPOSIT AMOUNT				\$
PERMIT FEE RECEIPT #				\$
TOTAL PAID				\$
RECEIVED BY:	DATE:	BAL	ANCE	\$
OWNER OR AUTHORIZED AGENT SIGNATURE				

TODAY'S DATE

EXPIRATION DATE:

All permits OTHER THAN THOSE issued to PUBLIC AGENCY or PUBLIC UTILITY having lawful authority to
occupy the highways are revocable on five days' notice and the encroachment must be removed or relocated
as may be specified by the road commissioner in the notice revoking the permit and within a reasonable time
specified by the road commissioner unless the permit provides a specified time.