



ENCROACHMENT PERMIT APPLICATION

Alturas Public Works Department

Permit No. _____

Date: _____

Permission is requested to encroach on street rights of way as follows:

APPLICANTS NAME: _____ ADDRESS: _____

PHONE: _____

OWNER: _____ ADDRESS: _____

PHONE: _____

CONTRACTOR: _____ ADDRESS: _____

PHONE: _____

Location of Encroachment: _____

Portion of Right of Way: _____

Work to be performed by:

Own Forces:

Contractor:

Est. Starting Date: _____

Est. Completion Date: _____

Fully describe work within right of way: (Place for sketch/attach complete plan if applicable).

THE UNDERSIGNED AGREES THAT THE WORK WILL BE DONE IN ACCORDANCE WITH CITY OF ALTURAS RULES AND REGULATIONS AND SUBJECT TO INSPECTION AND APPROVAL.

Authorized Signature: _____ Email Address: _____

Address: _____

Phone No.: _____