

ENCROACHMENT APPLICATION

REQUIRED AT 1st Submittal

Planning Department Submittal Authorization

Planner of the Day Initials

Conditions □ No □ Yes

APPLICATION		Resolution	Resolution Number		Submittal Date	
ite Address / .ocation						
APPLICANT	☐ AGENT	☐ CONTRACTOR	☐ own	ER		
Address:		City	State:	Zip:		
Email:			Phone:			
CONTRACTOR			Туре:			
Address:		City:	State:	Zip:		
Email:		I	Phone:			
** PLEASE INC	CLUDE PLANS, SKETC	H OR STREET VIEW PHO	OTO IF AVAILABLE`			
WORK PROPOSED ON MORATORIUM STREET? CHECK www.danapoint.org/moratorium				YES	NO	
WORK RELATED TO STOP WORK ORDER? Please provide copy of citation				YES	NO	
WILL STRUCTURES OR CUSTO	OM ITEMS REMAIN I	N PUBLIC R.O.W. AFTEI	R COMPLETION?	YES	NO	
GRADING OR BLDG PERMIT F	related?#ENG_	# BLD _		YES	NO 🗌	
I hereby acknowledge that I have r with all City Ordinances, State Reg						
Name of Person Submitting A	Application	Agent	Contractor	Owner		