



Planning & Public Works Agency
P.O. Box 1070
Willows, CA 95988
Telephone (530) 934-6530
Fax (530) 934-6533

Permit No: _____

Date Received: _____

APPLICATION FOR ENCROACHMENT PERMIT

Residential **Commercial**

I, WE, the undersigned, hereby apply to the County of Glenn for an Encroachment Permit to do the following work within the County Right of Way in accordance with county ordinances and general laws.

Permittee: _____
 Address: _____

Contact: _____
 Phone: _____

City, State Zip: _____

Fax no: _____

Signature: _____

Date Applied: _____

TYPE OF WORK PROPOSED TO BE DONE IN RIGHT OF WAY

_____ Driveway (_____ Permanent _____ Temporary or _____ Natural Gas) _____ Curb & Gutter
 _____ Utilities (_____ Electrical _____ Natural Gas _____ Telephone) _____ Geophysical _____ Other (Explain Below)

DESCRIPTION OF PROPOSED WORK

JOB SITE LOCATION (Include nearest cross street) **Assessor Parcel Number(s) (APN)** _____

Do not write below this line	To Be filled out by County
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PERMIT GRANTED

In compliance with your above request, and subject to all terms, conditions, or special conditions written below or attached to this form, permission is hereby granted. General Conditions and Glenn County Standard Drawings are attached. Please read carefully. You are responsible for compliance with these Conditions.

Date Permit Issued _____ and is null and void after _____ Permit Fee: _____

Please see additional instructions and/or conditions attached Receipt No: _____

No Requirements

 Signature of approving Public Works Official Title: _____