



COUNTY OF LAKE
PUBLIC WORKS DEPARTMENT
 Courthouse - 255 N. Forbes Street
 Lakeport, California 95453
 Telephone (707) 263-2341
 Fax (707) 263-7748

Scott De Leon
 Public Works Director

ENCROACHMENT PERMIT APPLICATION

Disclaimer: This form is not an actual encroachment permit and no work is authorized by this application.

PROPERTY OWNER			
Last Name:		First Name:	
Mail Address:			
Phone (Home):		Phone (Work):	
Email:			

CONTRACTOR			
Company Name:		Contact Name:	
Address:			
Phone:		Fax:	
Email:			
License No.		License Type(s):	

SITE INFORMATION			
Address:		APN:	
City:		Zip:	

DRIVEWAY ENCROACHMENT: (Check one)

- Residential Driveway
- Commercial Driveway

PLAN AND PROFILE DRAWINGS: (Check all that apply)

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> 230-A | <input type="checkbox"/> 235 |
| <input type="checkbox"/> 230-B | <input type="checkbox"/> 236 |
| <input type="checkbox"/> 231-A | <input type="checkbox"/> 232-1A |
| <input type="checkbox"/> 231-B | <input type="checkbox"/> 232-2A |
| <input type="checkbox"/> 231-C | <input type="checkbox"/> 232-1D |
| <input type="checkbox"/> 231-D | <input type="checkbox"/> 233-1D |
| <input type="checkbox"/> 234 | <input type="checkbox"/> 233-2D |

TRENCHING AND OTHER ENCROACHMENT:

- Trenching (Std. No. 313)
- Other: _____

SITE LOCATION: (Provide written directions or map, including nearest cross street.)

FOR DEPARTMENT USE ONLY	
Application Date:	Preliminary Inspection Date:
County Road Name:	Preliminary Inspection Notes:
Area Number: Road Number:	
Zoning:	
Associated Building Permit(s): <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach site plan showing location of encroachment)	
Building Permit Number(s):	