

**TRINITY COUNTY
DEPARTMENT OF TRANSPORTATION**



**P.O. Box 2490
Weaverville, CA 96093
530-623-1365 (Phone)
530-623-5312 (Fax)**

<i>OFFICIAL USE ONLY</i>	
ENCROACHMENT PERMIT # EN - _____	- _____
PAID: \$ _____	DATE: _____
Cash ___	Check # _____
Money Order # _____	
RECEIPT NO: _____	
PAID BY OTHER – SEE BACK OF THIS PAGE <input type="checkbox"/>	

ENCROACHMENT APPLICATION

Fees Paid / Proposed Work:

<input type="checkbox"/> Event (revenue generating) - \$100.00	<input type="checkbox"/> Driveway - \$150.00	<input type="checkbox"/> Logging (access and/or timber harvest) \$200.00
<input type="checkbox"/> Utility / Trench - \$200.00	<input type="checkbox"/> Other - \$200.00	

Owner Name: _____ Phone: _____

Mailing Address: _____

County Road: _____ Rd # _____ APN #: _____

Diagram below the work proposed in your application for an encroachment permit. Distance and direction to nearest landmark and/or intersection must be shown on your diagram.

To avoid any delay in the processing of your application, please stake and flag location of grading for the field review.

Owner's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Agent's Name (print): _____

This Department assumes applicant/agent has full authorization and owns land or has received permission from land owner(s) to construct the facility requested in this application. By signing this application, applicant/agent understands that Trinity County issuing an encroachment permit does not grant applicant/agent any rights he/she does not already have.

<i>OFFICIAL USE ONLY</i>
APPLICATION FEE PAID BY OTHER
Name: _____
Address: _____ _____
Phone: _____

To Be Completed By Applicant:

Contractor Name: _____

Address: _____

Phone: _____

Fax: _____

License Number: _____

To Be Completed By Utility Company:

Landowner: _____

Address: _____

Phone: _____

APN: _____

Multiple Utilities Involved In Same Trench:
(Please check all that apply.)

- PUD CSD SEWER PHONE CABLE TV
- OTHER - State Other: _____