

ENCROACHMENT PERMIT APPLICATION FORM

PROJECT INFO	PROJECT NAME: _____ PROJECT ADDRESS: _____ PROJECT DESCRIPTION: _____ _____ START DATE: _____ ESTIMATED PROJECT COST: _____
PROPERTY OWNER or DEVELOPER	NAME: _____ ADDRESS: _____ CONTACT PERSON: _____ SIGNATURE: _____ TELEPHONE#: _____ EMAIL: _____
PERMIT APPLICANT	NAME: _____ ADDRESS: _____ CONTACT PERSON: _____ SIGNATURE: _____ TELEPHONE#: _____ EMAIL: _____ <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 10px;"></div> <div> <p>I certify that insurance will be maintained in accordance with the City of Roseville Municipal Code Sections 13.28.020 and 13.28.130.</p> <p style="text-align: center;"><i>Initials</i></p> </div> </div> <p>Note – Signatures and initials provided by facsimile transmission or PDF format shall be deemed to be original signatures.</p>
<p>TO BE COMPLETED BY STAFF:</p> ACCEPTED AS COMPLETE BY: _____ DATE RECEIVED: _____ PERMIT FEE: _____ TECH FEE: _____ CITYWIDE JOB# _____ EN _____ - _____ INSURANCE EXPIRATION DATE _____ CITY APPROVAL: _____	

See Encroachment Permit Document Submittal Checklist for all required documents to be submitted with initial application.