



RESOURCE MANAGEMENT AGENCY Road Department

2037 W. Cleveland Ave., MS#D
Madera, CA 93637-8720
(559) 675-7811
FAX (559) 675-7631
TDD (559) 675-8970

Johannes J. Hoevertsz, Road Commissioner

ENCROACHMENT PERMIT APPLICATION

In compliance with Madera County Code Chapter 11.12.020 and Chapter 5.5 of Division 2 of the Streets and Highway Code the undersigned hereby applies for permission to excavate, construct or otherwise encroach on the county right of way.

APPLICANT INFORMATION (please print)

Applicant Name _____ Telephone Number _____

Applicant Address _____ Zip Code _____

Property Owners Name (if other than applicant) _____ Telephone Number _____

Property Owners Address (if other than applicant) _____ Zip Code _____

PROPERTY INFORMATION

Site address or location _____

Assessor Parcel Number _____ Building Permit No. _____
(if applicable)

PROJECT INFORMATION

Detailed description of the requested encroachment _____

Application shall include 3 copies of a detailed site plan clearly showing the location, extent and details of the requested encroachment.

DECLARATION

The undersigned hereby applies for an encroachment permit to perform the work as described above. The undersigned agrees to conduct the work in accordance with the rules and regulations of the encroachment permit and subject to inspection and approval by the County of Madera.

Applicant Signature _____ Date _____

This application must be complete and filed with plans, fees and required information prior to acceptance for processing.

DEPARTMENT USE ONLY

Rec'd by: _____ Permit Fee _____ Receipt No. _____

Check No. _____