



Public Works Department  
P.O. Box 1070 / 777 North Colusa St. Willows, CA 95988  
Telephone (530) 934-6530 + FAX (530) 934-6533

Permit No. \_\_\_\_\_  
Date Rec'd \_\_\_\_\_

**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: \_\_\_\_\_ Contact \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
City, State Zip \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Permittee \_\_\_\_\_ Date \_\_\_\_\_  
Signature: \_\_\_\_\_ Applied: \_\_\_\_\_

**TYPE OF WORK PROPOSED TO BE DONE IN RIGHT OF WAY**

\_\_\_\_\_ Driveway (  Permanent,  Temporary or  Natural Gas) \_\_\_\_\_ Curb & Gutter  
\_\_\_\_\_ Utilities (  Electric,  Natural Gas,  Telephone) \_\_\_\_\_ Geophysical \_\_\_\_\_ Other (Explain Below)

**DESCRIPTION OF PROPOSED WORK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**JOB SITE LOCATION** (include nearest cross streets) Assessor Parcel Number(s) (APN) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do not write below this line. To be filled out by County

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, Special Conditions and Glenn County Standard Drawings are attached. Please read these items 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.: \_\_\_\_\_

\_\_\_\_\_  
Signature of approving Public Works Official Title: \_\_\_\_\_