

CERTIFICATE OF ENCROACHMENT APPLICATION
Private Entrance

----- *To Be Completed By Applicant* -----
(Please Type or Print)

1. Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

2. Address Of Proposed Encroachment: _____

3. N S E W side of _____

approximately _____ feet N S E W of _____

4. Is Location Of Encroachment On A: County Road State Road

5. Additional Information: _____

----- *For Official Use Only* -----

Approved: Yes No

Conditions: _____

Inspected By: _____ Date: _____

Approved By: _____ Date: _____