

COUNTY OF SAN BERNARDINO –SPECIAL DISTRICTS DEPARTMENT
ROAD PERMIT SECTION
222 WEST HOSPITALITY LANE, 2ND FLOOR
SAN BERNARDINO, CA. 92415-0450
(909)386-8821

APPLICATION FOR ENCROACHMENT PERMIT

DATE OF APPLICATION

The undersigned hereby applies for permission to encroach on County Road right-of-way to perform the following work and agrees to do the work in accordance with San Bernardino County rules and regulations and said work is subject to San Bernardino County inspection and approvals. (Applicant will describe here fully what they wish to do, use reverse side or extra sheets if necessary).

(SKETCH AND DESCRIPTION OF WORK TO BE PERFORMED MUST BE ATTACHED)

STREET NAME AND/OR ADDRESS OF WORK
LOCATION _____

NEAREST INTERSECTING STREETS _____

CITY / COMMUNITY AREA _____

CONTACT PERSON & PHONE # _____

OFFICE USE ONLY

APP./ISS. FEE	\$
INSPECTION FEE	_____
VIOLATION FEE	_____
TOTAL FEE	\$
CASH DEPOSIT	_____

NAME OF PERMITTEE (PLEASE PRINT)

AUTHORIZED **SIGNATURE** OF APPLICANT

MAILING ADDRESS

CITY

STATE

ZIP CODE

(AREA CODE)

PHONE NUMBER