County of Ventura

ENCROACHMENT PERMIT APPLICATION

PUBLIC WORKS AGENCY TRANSPORTATION DEPARTMENT 800 South Victoria Avenue, Ventura, CA 93009 (805) 654-2055 / Fax.(805) 654-5169

Permit No:	
Date Applied:	
Project No:	

email: pwa.transpermits@ventura.org / http://www.pwa.ventura.org

	reby applies for permission to	encroach on the followin	g described County Right of	of Way or other property"
LOCATION OF WORK:				
Street No:S	Street Name:		City:	Zip code:
				Click link for Road Inventory List
Nearest Cross Street:		Distar	nce from nearest Cross Stre	eet (FT):
DESCRIPTION OF WORK:				
Excavation Length:	Excavation Width:	Excavation Dep	th: Excavation	on Surface:
Number of Driveways :	Width of Drivewa	y/sidewalk :	Length of Sidewal	k:
Start Date:		Estimated Comple	tion Date:	
APPLICANT INFORMATIO	N:			
Permittee:		Phone:	Email:	
Address Street No:	Street Name:		City:	Zip code:
Primary Contact:	_	Phone:	Email:	
Contractor:		Phone:	Email:	
				Zip code:
Field Contact Person:		Phone: _		
ATTACHMENTS INCLUDE	D:			
□Plans □Traffic Contro	l Plan □Insurance Certificat	e Estimated Construc	tion Cost (\$):	Other:
	t of way without an approved	permit is a misdemeano	r and may be subject to do	uble fees and other penalties.
Working in the road righ				
KNOWLEDGEMENT	rmit that may be granted as	a result of this request	may be revoked by Cou	nty at any time. In consideratio
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PRINT NAME

Name: ___

Title: