



**COUNTY OF SAN BERNARDINO – DEPARTMENT OF PUBLIC WORKS
 PERMITS/OPERATIONS SUPPORT DIVISION - TRANSPORTATION
 825 E. THIRD STREET ROOM 108
 SAN BERNARDINO, CA. 92415-0835
 (909)387-1863**

APPLICATION FOR ENCROACHMENT PERMIT

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 all applicable laws and regulations and subject to the approval of and the inspection by the San Bernardino County Department of Public Works-Permits/Operations Support Division-Transportation. The applicant hereby agrees to operate and maintain the encroachment described below. (Applicant will describe here fully what they wish to do, use reverse side or extra sheets if necessary).

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

DATE OF WORK: (include min. 2 weeks time for permit process) _____

LOCATION OF WORK: _____

CITY/COMMUNITY AREA: _____

ASSESSOR'S PARCEL NUMBER: _____

CONTACT PERSON & PHONE NUMBER: _____

CONTACT EMAIL ADDRESS: _____

*Is coverage under the State Construction General Permit (http://www.swrch.ca.gov/water_issues/programs/stormwater/construction.shtml) required for this project? YES NO

If Yes, provide WDID number: _____ If no, provide justification: _____

CONTRACTOR (BUSINESS NAME)			NAME OF PERMITTEE (PROPERTY OWNER-PLEASE PRINT)		
*AUTHORIZED SIGNATURE	DATE		*AUTHORIZED SIGNATURE	DATE	
PRINT NAME			PRINT NAME		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
(AREA CODE)	PHONE NUMBER		(AREA CODE)	PHONE NUMBER	
CONTRACTOR LICENSE NO.					

**Permit issuance will be withheld without the required information
 *Only one signature required for the application**