



CITY OF MURRIETA ENCROACHMENT PERMIT APPLICATION

All Fields Required Unless Otherwise Noted

PROJECT STREET ADDRESS and/or CROSS STREET:					
TRACT/PARCEL/MB NO.:					
ASSESSOR'S PARCEL NO.:					
PROJECT NAME:					
24 HR CONTACT NAME & PHONE:					
CONTRACTOR:					
Name (Last, First)					
Title / Company					
Street Address, City, State, Zip					
Phone Number:		Email:			
Contractor's License and Expiration Date <small>(Required unless owner/builder)</small>		City Business License and Expiration Date <small>(Required unless owner/builder)</small>			
INSTALLATION	LENGTH	WIDTH	DEPTH	TYPE OF SURFACE	INSTALLATION DESCRIPTION SURFACING / DRAINAGE / GRADE / ETC.
Commercial/Res Driveway					
Curb & Gutter					
Sidewalk					
Pavement					
Underground Utilities					
Other					
Description of Work:					
Duration Of Work In City R-O-W:					
Include plans showing proposed work required					
CHECK ALL THAT APPLY:		APPLICANT		DEVELOPER	
Name (Last, First)					
Title / Company					
Street Address, City, State, Zip					
Phone / Cell / Email					
CHECK ALL THAT APPLY:		PAYEE		BILLING CONTACT	
Name (Last, First)				Security refunds will be directed to Payee.	
Title / Company					
Street Address, City, State, Zip					
Phone / Cell / Email					
ENGINEER:					
Name (Last, First)					
Title / Company					
Street Address, City, State, Zip					
Phone Number:		Email:			

I certify that I have read this application and state the above information is correct. I understand that the applicant is responsible for knowing and complying with governing policies and regulations applicable to the proposed permit. I have the authority and grant City staff and advisory bodies the right to make copies of any plans submitted for review and permit processing for the duration of the project.

Signature - Only Wet or Digital Signature will be accepted.

Date