



Whatcom County
 Public Works Department
Engineering Division
 5280 Northwest Drive Suite C
 Bellingham WA 98226
 (360) 676-6730; County Line 380-8110; FAX 676-6558

ENGINEERING USE ONLY	
Permit No. ENC	<u>2007-</u>
Date Received	_____
Zone	_____
Application Fee	\$25.00
Permit Fee	_____
Receipt No.	_____
Check No.	_____

Revocable Encroachment Permit Application

(This is not a permit)

Instructions: An assessor's parcel number **MUST** be included in order to process this application. Provide owner and/or contractor information with the full mailing address and a daytime telephone number. Sign and print your name at the bottom.

ASSESSOR'S TAX ID/PARCEL NO.		JOB ADDRESS/LOCATION:	
Owner		Mailing Address (Include Zip Code)	
Contractor		Mailing Address (Include Zip Code)	
		Daytime Telephone	
		License No.	
WORK TO BE PERFORMED:			
<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Utility Access <input type="checkbox"/> Commercial <input type="checkbox"/> Short Plat <input type="checkbox"/> Long Plat <input type="checkbox"/> Other			



ATTENTION

This application is for work performed within the County right-of-way only. It is the responsibility of the applicant to verify the location of the right-of-way. Surveying may be required. For work performed on private property, contact the County Planning and Development Services Department for permit requirements.

NOTICE

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or performance of construction. Further, I hereby certify that I am a licensed contractor and that said license is in full force and effect, **OR** that I am the legal owner of the above-described real property.

Signature of Contractor or Authorized Agent:	Signature of Owner:
Print Name:	Print Name:
Date:	Date:

(Whatcom County Engineering to complete below this line)

Notes: _____

REQUIREMENTS FOR ISSUANCE	Approved for issuance by: _____
<input type="checkbox"/> Bond required <input type="checkbox"/> Other permit required <input type="checkbox"/> Bonded contractor	Date: _____

1 mo. check _____ 1 yr. check _____ Final inspection by: _____ Date: _____