



Whatcom County  
 Public Works Department  
**Engineering Division**  
 5280 Northwest Drive  
 Bellingham WA 98226  
 PHONE: 360.676.6730  
 FAX: 360.676.6558

ENGINEERING USE ONLY	
Permit No. ENC	<u>2009 -</u>
Date Received	_____
Zone	_____
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. **A site map showing the access or work in the county right-of-way must be included with the application.**

ASSESSOR'S TAX ID/PARCEL NO.		JOB ADDRESS/LOCATION:	
<b>Owner</b>		<b>Mailing Address (Include Zip Code)</b>	
<b>Contractor</b>		<b>Mailing Address (Include Zip Code)</b>	
<b>WORK TO BE PERFORMED:</b>			
<input type="checkbox"/> Existing Driveway <input type="checkbox"/> Gravel <input type="checkbox"/> Paved <input type="checkbox"/> 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	
<input type="checkbox"/> Bond required <input type="checkbox"/> Other permit required <input type="checkbox"/> Bonded contractor	Approved for issuance by: _____  Date: _____

INSPECTION RECORD AND COMMUNICATIONS		
Date	Notes	Init.

INSPECTION RECORD AND COMMUNICATIONS		
Date	Notes	Init.

1 mo. check \_\_\_\_\_ 1 yr. check \_\_\_\_\_

Final inspection by: \_\_\_\_\_ Date: \_\_\_\_\_

