



Whatcom County
 Public Works Department
Engineering Services Division
 5280 Northwest Drive Bellingham WA
 98226 PHONE (360) 778-6200
 FAX (360) 778-6221
 Email: encmail@co.whatcom.wa.us

ENGINEERING USE ONLY		
Permit No. ENC	2022-_____	Initial _____
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:	
Owner	Mailing Address (Include Zip Code)	Daytime Telephone	
Contractor	Mailing Address (Include Zip Code)	Daytime Telephone	License No.
BILLED TO (UTILITIES ONLY!):	UTILITIES - BILLED TO Address (Include Zip Code)	Daytime Telephone	
WORK TO BE PERFORMED IN DETAIL:			



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)

REQUIREMENTS FOR ISSUANCE Conditions: <input type="checkbox"/> Bond required <input type="checkbox"/> Other permit required <input type="checkbox"/> Bonded contractor	Approved for issuance by: _____ Date: _____
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INSPECTION RECORD AND COMMUNICATION		
Date	Notes	Initial

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Date	Notes	Initial

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

