



**COUNTY OF MADERA  
PUBLIC WORKS DEPARTMENT  
Permits & Development**

200 W. 4<sup>th</sup> Street, 3<sup>rd</sup> Floor  
Madera, CA 93637  
Main Line (559) 675-7811  
Fairmead Landfill (559) 665-1310  
Fax (559) 675-7631

**ENCROACHMENT PERMIT APPLICATION**

In compliance with Madera County Code Chapter 11.12.020 and Chapter 5.5 of Division 2 of the Streets and Highway Code the undersigned hereby applies for permission to excavate, construct or otherwise encroach on the county right of way.

**APPLICANT INFORMATION** (please print)

Applicant Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Applicant Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Owners Name (if other than applicant) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Property Owners Address (if other than applicant) \_\_\_\_\_ Zip Code \_\_\_\_\_

**PROPERTY INFORMATION**

Site address or location \_\_\_\_\_

Assessor Parcel Number \_\_\_\_\_ Building Permit No. \_\_\_\_\_  
(if applicable)

**PROJECT INFORMATION**

Project/Work Schedule: Begin date \_\_\_\_\_

Number of anticipated work days: \_\_\_\_\_

Detailed description of the requested Encroachment

Applicant must include 1 copy of a detailed Site Plan and Traffic Control Plan clearly showing the location, extent and details of the requested encroachment.

**DECLARATION**

The undersigned hereby applies for an encroachment permit to perform the work as described above. The undersigned agrees to conduct the work in accordance with the rules and regulations of the encroachment permit and subject to inspection and approval by the County of Madera.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**This application must be complete and filed with plans, fees and required information prior to acceptance for processing.**

**DEPARTMENT USE ONLY**

Rec'd by: \_\_\_\_\_ Permit Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_

Check No. \_\_\_\_\_