



# CITY OF TULELAKE

591 Main Street

P. O. Box 847, Tulelake, CA 96134

Phone 530-667-5522 - FAX 530-667-5351

[cityoftulelake@cot.net](mailto:cityoftulelake@cot.net)



## Application for Encroachment Permit

Date \_\_\_\_\_ 20\_\_

The undersigned hereby applies for permission to excavate, construct and/or otherwise encroach on City street right of way by performing the following work:

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Date required for completion \_\_\_\_\_

Sketch details below or attach detailed plans:

Street Location \_\_\_\_\_

Applicant will state here accurately the location of the work including the street name and house number. Applicant agrees to do the work in accordance with City rules and regulations and subject to City inspection and approval.

\_\_\_\_\_  
Print or type name of applicant

\_\_\_\_\_  
Contractor's License Number

\_\_\_\_\_  
\*Signature of applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Permit Issued

\*NOTE: This form must be signed by Applicant or Authorized Agent