

APPENDIX D



APPLICATION FOR ENCROACHMENT PERMIT

Applicant's Name(s): _____

Applicant's Mailing Address: _____

Applicant's Contact Information: Phone _____ Email _____

Encroachment Location Physical Address: _____

Parcel Number: RP _____ Legal Description of Parcel: **(attach description or vesting deed)**

Is Applicant the Landowner at the encroachment location? ___ Yes ___ No

If "No," has Landowner agreed to the encroachment? ___ Yes ___ No

Describe Encroachment (attached drawing if necessary to better described encroachment):

Is the encroachment temporary or permanent? ___ Temporary ___ Permanent

Estimated start date for project construction: _____, 20__ ___ Already started.

Estimated completion date for project construction: _____, 20__ ___ Done.

Signed _____ Date _____ 20__

Mail to Bottle Bay Sewer District, PO Box 304, Sagle ID 83860 or hand deliver to a District Agent

FOR DISTRICT

Application received on _____, 20__ By: _____

Permit Issued:

(By) _____

Compliance Ofc President

Date: _____, 20__

Assigned Hook Up Number: _____

Conditions of Approval:

