

APPLICATION FOR ENCROACHMENT PERMIT

Date of Application

**TO: County of San Bernardino
Special Districts Department
Road Permit Section
157 W. Fifth St., 2nd Floor
San Bernardino, CA 92415**

Dear Permit Coordinator:

I wish to apply for the following encroachment permit for the listed work:

Location of Encroachment

Type of Encroachment (Wall, Driveway, etc.)

Detailed Description: _____

(Space for sketch. Submit detailed plan if available)

Name (Please Print)

Signature

Address