



City of San Joaquin

Community Development Department
21900 Colorado Avenue
San Joaquin, CA 93660
(559) 693-4311
<http://www.cityofsanjoaquin.org>

Encroachment Permit #: _____

Project Name: _____

Permit Requestor (Name/Company): _____

Project Address/Location: _____

Project Description (attach drawings and/or description as necessary): _____

Traffic Control Plan (attach)

Operating Days: _____ Operating Hours: _____

Operating Date(s): _____

Please read carefully before signing or filing.

Submission of this application does not imply approval of this permit by the City of San Joaquin. Application approval will become null and void if it is determined that approval was based on omissions or inaccurate information submitted by the applicant.

Primary Contact, check all that apply: Applicant Other Agent/Representative

Applicant _____

Applicant Address _____

Day Phone _____ E-mail Address _____

Agent/Representative _____

Agent/Representative Address _____

Day Phone _____ E-mail Address _____

I hereby declare under penalty of perjury that this application and all information submitted as part of this application are true and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____



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Authorization

AGENT:

I designate _____, to act as my duly authorized
(Agent's Name/Company)
agent for all purposes necessary for this Encroachment Permit:

relative to the property mentioned herein.

DECLARATION:

I declare under penalty of perjury the foregoing is true and correct.

Executed on this date, _____.

AGENT

(Signature of Agent)

(Agent Mailing Address)

(Agent Telephone)

(Note: Attach acknowledgment of signatures(s) by Notary Public if executed outside State of California)

APPROVED:
CITY OF SAN JOAQUIN

By: _____

Date: _____