

**CITY OF SOUTH LAKE TAHOE
APPLICATION/PERMIT TO ENCROACH ON RIGHT-OF-WAY**

Date: _____ APN #: _____

Name of Owner: _____ Phone: _____

Job Address: _____ Nearest Cross Street: _____

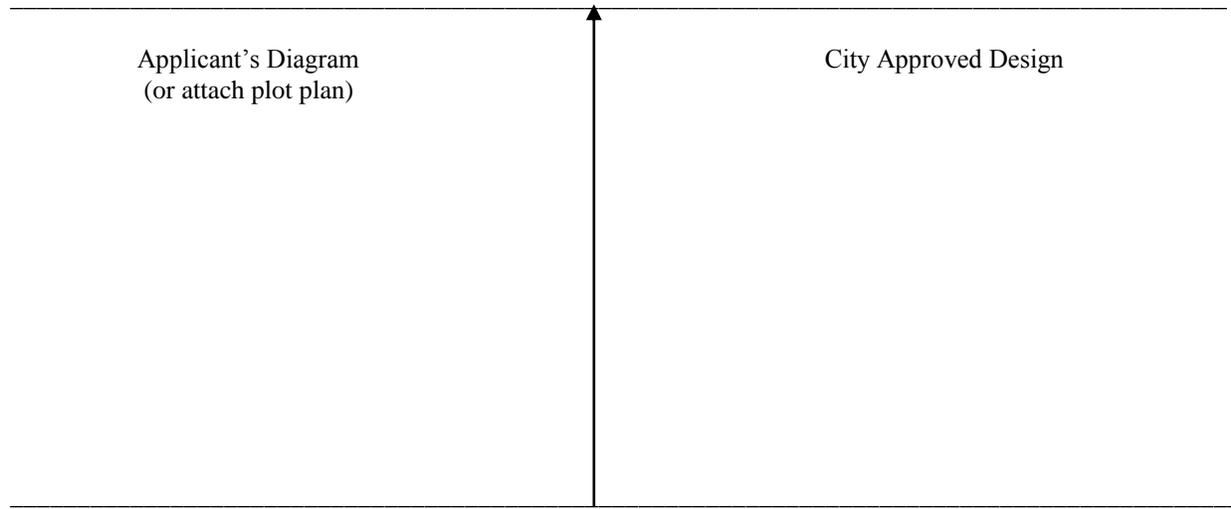
Owner's Mailing Address: _____

Name of Contractor: _____ Phone: _____

Contractor's License #: _____ C.S.L.T. Business License #: _____

TYPE OF WORK : _____

City Ordinance, Section E, 7.05.200 and Section 2, 6.10.340 require 6" base rock in City Right-of-Way.



Fee: \$ _____

Date Issued: _____

Receipt #: _____

(Public Works Approval)

Permit #: _____

Special conditions: _____

PERMIT MUST BE APPROVED AND ISSUED PRIOR TO START OF WORK
ALL PERMITS MUST BE FINALED – PERMIT EXPIRES AFTER 180 DAYS

Signature of Owner/Contractor

(CALL FOR INSPECTIONS AT (530) 542-6017)

	Date	Inspector	Comments
Pregrade Inspection			
Final			