



CITY OF CAPITOLA
PUBLIC WORKS DEPARTMENT

420 CAPITOLA AVENUE, CAPITOLA CA 95010
OFFICE: (831) 475-7300 FAX: (831) 479-8879

REVOCABLE ENCROACHMENT PERMIT APPLICATION INFORMATION

Project Address: _____ Assessor's Parcel Number(s) _____

Description of Improvements: _____

APPLICANT/LEGAL PROPERTY OWNER INFORMATION:

Name (Property Owner): _____

Mailing Address (Property Owner): _____

Email: _____

Telephone Numbers (Property Owner): Home: _____

Work: _____

Fax: _____

AGENT/REPRESENTATIVE INFORMATION (If different from owner):

Name (Applicant): _____

Mailing Address (Applicant): _____

Email: _____

Telephone Numbers (Applicant): Home: _____

Work: _____

Fax: _____

"I hereby declare that the facts given on this application are true and correct to the best of my knowledge and I agree to, and authorize, such investigations as are deemed necessary by the City of Capitola Public Works Department for the preparation of reports related to this application, including the right of access to the property involved."

PROPERTY OWNER SIGNATURE: _____

APPLICANT OR AGENT SIGNATURE: _____

THE FOLLOWING MUST BE ATTACHED WITH YOUR APPLICATION:

1. Site Plan of improvements including property lines
2. Copy of Property Deed