

Encroachment Permit

Encroachment Policy Number 1145

30-Day Encroachment Application

El Dorado Hills Community Services District
1021 Harvard Way, El Dorado Hills, CA 95762
916-933-6624 or residentservices@edhcsd.org

Applicant must apply for permission to access District property by submitting a completed Encroachment Application form at least three (3) business days prior to the intended use.

PRINT OR TYPE ALL INFORMATION

Name of Applicant (property owner/contractor) _____

Address of applicant: _____ Day phone: _____

Date of Application _____ Date and time of intended use _____

Has work commenced or encroachment occurred prior to receiving permit? Yes _____ No _____

Location of encroachment: _____

Reason for encroachment (pool, addition, landscaping, etc.) _____

Type of vehicle/equipment accessing District property: _____

Approved: Yes _____ No _____ (Reason for denial on back) By: _____ Date: _____

Property owner and/or contractor are responsible for any damages to sidewalk, street, etc. This permit does not replace any fees or permits that may be required by El Dorado County Department of Transportation. The property owner is encouraged to contact the EDC Department of Transportation at (530) 621-5900 for any requirements.

DEPOSIT: \$500.00 Charge _____ Receipt # _____
Refundable upon condition
Policy 1145, Section .30, C, 1-7

INSPECTION FEE: \$75.00 Charge _____ Receipt # _____
(Non-refundable)

15-DAY EXTENSION FEE: \$25.00 Charge _____ Receipt # _____
(Non-refundable)

Extension approved by: _____ Date: _____ Extension expiration date: _____

I, _____, agree to abide by the conditions of the EDHCSD encroachment policy. My signature below indicates that I have received a copy of the EDHCSD Encroachment Policy and I understand that I am responsible for any costs incurred for damages to persons or property resulting from activity under this permit. This includes any cost which exceeds the deposit on file.

Signature _____

Date _____

REFUND OF DEPOSIT

Refund payable to: _____ Phone: _____

Mailing address: _____

Deposit refund authorized by: _____ Date: _____ Refund amount: _____

Accounting Department: _____ Date: _____ Amount: _____

