

# 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](mailto: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 EDHCS D encroachment policy. My signature below indicates that I have received a copy of the EDHCS D 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: \_\_\_\_\_