



City of Woodlake  
**Encroachment Permit Application**  
 City Hall – 350 N Valencia, Blvd. – Woodlake, CA 93286 – (559) 564-8055

<b>NAME OF APPLICANT (include DBA)</b>	<b>TELEPHONE NUMBER</b>
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JOB ADDRESS ( <u>physical</u> address)			
Address _____	City _____	State _____	Zip _____
Valuation of job \$ _____			

NAME OF PROPERTY OWNER	
Name of Owner _____	
Home Address _____	
City _____	State _____ Zip _____
Home Telephone Number _____	

BRIEF DESCRIPTION OF PROJECT	
Description of project: _____	
_____	
_____	
_____	
_____	
*Attach site and or plot plan showing detailed work. Should include proper distances for reference.	

CONTRACTOR INFORMATION		
Contractor Name _____		
Mailing Address _____		
City _____	State _____	Zip _____
Contact Name _____		
Telephone Number _____		
Fax Number _____		
License Expiration _____	License Type _____	License # _____

CITY OF WOODLAKE (Office Use Only)			
Business License Class _____	Date Entered _____	Entered By _____	Zone _____ APN _____

I hereby certify under penalty of perjury that the above information is correct and I am an authorized representative for this project. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances and regulations established for such business / profession.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

All information on this application is kept confidential.