

**DRIVEWAY/ENCROACHMENT
PERMIT APPLICATION**

YUBA COUNTY DEPARTMENT OF PUBLIC WORKS
915 8th Street, Suite 125
Marysville, CA 95901
PHONE: (530) 749-5420 FAX: (530) 749-5424
Email: publicworks@co.yuba.ca.us

_____ Located _____ Of _____
(Site Address) (Intersecting Road or Landmark)

APN: _____

Owner: _____ **Applicant Name:** _____

Address: _____ **Applicant Address:** _____

Phone: _____ **Phone:** _____

Email: _____ **Email:** _____

General Contractor: _____ **Sub-Contractor:** _____

Address: _____ **Address:** _____

Phone: _____ **Phone:** _____

Email: _____ **Email:** _____

List any additional sub-contractors on a separate sheet

Application is made for permission to excavate, construct and/or otherwise encroach on county right of way by performing the work described below:

1. Description of Work:

2. Estimated cost of work in right of way: _____

3. Attach 3 sets of plans (show location, dimensions, etc. Include all pertinent information).

4. Submit traffic control plan if applicable.

5. Submit work schedule (include hours, days and what will take place each day).

Upon Signature,

Applicant agrees to abide by the conditions of this permit and its provisions. Applicant also acknowledges that the permit will expire within one year if construction has not been completed and no extension has been requested.

Signature: _____ **Date:** _____