



CENTRAL SAN
CENTRAL CONTRA COSTA
SANITARY DISTRICT
 5019 Imhoff Place Martinez,
 California 94553-4392
 Permits: 925-229-7371
 Fax: 925-689-7259
permits@centralsan.org

Encroachment Verification Application

CCCSD Use Only	Today's Date _____	App No _____
	Job No _____	Grid No _____

Received by: _____

Project Information	
Address _____	City _____
Zip _____	Assessor Parcel No (APN) _____ - _____ - _____
Is there a Central San easement on the parcel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Work (check all that apply)	
<input type="checkbox"/> Interior Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Structure (no plumbing) <input type="checkbox"/> Deck <input type="checkbox"/> Outdoor Kitchen (no sink) <input type="checkbox"/> Pool/Spa (new or remodel) <input type="checkbox"/> Fire Pit/ Fire Place <input type="checkbox"/> Solar Panels <input type="checkbox"/> Generator <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Trellis/Pergola <input type="checkbox"/> Patio Cover Other: _____ _____	

Applicant	Property Owner (if different than applicant)
Name _____	Name _____
Company _____	Address _____
Address _____	City/State _____ ZIP _____
City/State _____ ZIP _____	Phone # (____) _____
Phone # (____) _____	Email _____
Email _____	

As the applicant for this project, I agree to the following:

- 1) The Owner of the above mentioned property is aware and authorizes the submittal of this application.
- 2) The information and statements given on the application, drawings and specifications are true and correct to the best of my knowledge.

 Applicant's Signature Applicant's PRINTED Name Date

Box Below For CCCSD Use Only
Notes: _____ _____ _____
T/S: _____