



Encroachment Verification Application

5019 Imhoff Place
Martinez, California
94553-4392

Permits: 925-229-7371
Fax: 925-689-7259

permits@centralsan.org

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

Received by: _____

Project Information

Address _____ City _____

Zip _____ Assessor Parcel No (APN) _____-_____-_____-_____

Description of Work (check all that apply)

- Interior Remodel Addition Accessory Structure (no plumbing)
- Outdoor Kitchen (no sink) Pool/Spa (new or remodel) Fire Pit/ Fire Place
- Solar Panels Deck Retaining Wall(s) Trellis/ Pergola Patio Cover

Other: _____

| | |
|------------------|---|
| Applicant | Property Owner (if different than applicant) |
|------------------|---|

Name _____

Company _____

Address _____

City/ State _____ Zip _____

Phone # () _____

Email _____

Name _____

Address _____

City/State _____ ZIP _____

Phone # () _____

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: _____