

APPLICATION FOR ENCROACHMENT AGREEMENT

Date _____

1. Applicant's name _____
2. Landowner's name _____
3. Mailing Address _____
Telephone # _____ Email _____
4. Preferred contact method: Mail _____ Email _____
5. Name of District Facility affected by proposed structure: Lateral _____ Drain _____
6. Location of proposed structure: APN# _____
Address: _____
7. Briefly describe requested Encroachment:

8. Contractor name, phone and email _____

9. Approximate starting date _____

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

1. A drawing of the proposed structure and surrounding area including the following:
 - North Arrow
 - Location of SSJID Facility
 - Location of Proposed Structure
 - Local Roads
 - Approximate Property Lines
 - Reference to Applicable District Standards
 - Horizontal Distances from Above Ground Facilities
2. A copy of the current deed which includes a legal description of property.
3. \$200.00 fee

BRING COMPLETED FORM & NECESSARY DOCUMENTS TO SSJID

1. The final Encroachment Agreement will be prepared for you by the Engineering Dept.

2. Your **notarized signature** is required for recording. **All legal owners of the property must sign the Encroachment.** A notary public is available in our office, for your convenience. Our business hours are 7:30 – 4:30, Monday-Friday.
3. Your completed application will be reviewed and processed according to District policy. A determination will be made as to the feasibility of the proposed encroachment and recommendation will be made to the Board of Directors.
4. **DO NOT PROCEED WITH THE PROPOSED ENCROACHMENT UNTIL YOUR PERMIT HAS BEEN APPROVED. ONCE APPROVED, A COPY OF THE PERMIT MUST BE KEPT AT PROJECT SITE.**
5. Contact the Facility Inspector/Technician at 209-652-2987 for preliminary & final inspections.
6. If you have any questions concerning your Encroachment Agreement please feel free to contact the Engineering Department, 209-249-4619.

APPLICANT'S SIGNATURE _____