

COUNTY OF KERN
 PUBLIC WORKS DEPARTMENT
 2700 M St., Suite 400
 Bakersfield CA 93301
 ph(661) 862-8827 fax(661) 862-8987
 permit@co.kern.ca.us

**APPLICATION
 FOR
 ROAD ENCROACHMENT PERMIT**

PERMIT #

<input type="checkbox"/> <i>Property Owner</i> <input type="checkbox"/> <i>Utility Company</i> <input type="checkbox"/> <i>Licensed Contractor</i>		When approved, I would like my permit to be handled as follows: Please check one of the following: Mail: _____ Fax: _____ Pick up: _____ e-mail: _____
Name: _____		
Mailing Address: _____		
City/State: _____	Zip: _____	
Phone Number: _____		
Fax Number: _____		
Contact Person: _____		Permit will be mailed if no preference is indicated

Request for: (List type of work to be performed)	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>
Location of Encroachment: (List address or description of location)		

By signing this application, I agree to the conditions and terms of the encroachment permit. Permit shall be stamped "signature on application".

 _____
Signature of Applicant

Date

APPLICANT WILL NOT WRITE BELOW THIS LINE	
	Office Use Only
	Inspector: _____
	Permit Code: _____
	Conditions: _____
	Approved by: _____
	Date: _____