## **ENCROACHMENT REQUEST INFORMATION SHEET**

Date of Request: _		-	
Name of Applicant	:		
Legal Name of the	Entity:		
Business Type:			
Contact Name and	Number of Representative:		
Type of Encroachm	ent: [Describe the encroachm	ent, fixtures to be used, type of ut	tilities, etc.]
Location of Encroad	chments: [Address (es) of Prop	perty Affected, Description of Arec	ı, etc.]
	ffected by the Encroachment: d attached it to this request.]	[If additional PINs are affected, t	hen list the PINs on ar
(1)	, (2)	, (3) , (6)	
(4)	, (5)	, (6)	·
PLEASE sub	mit a check payable to the Cit	y of Concord for \$ 100.00 with t	his paperwork.
	No requests will be proc	essed without payment in full.	

## PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS SHEET:

- 1) Additional PINs affected by the encroachment (if applicable); and
- 2) Survey of the encroachment area; and
- 3) Any plans or specifications pertaining to the encroachment [Bore Details, etc.]; and
- 4) Specifications and/or diagrams of the fixtures to be used; and
- 5) Certificate of Liability Insurance (ACORD Form) naming the City as an additional insured party [See attached example as a reference.]; and
- 6) Any other pertinent documentation; and
- 7) **ALL DOCUMENTS** are to the submitted on an 8 ½ X 11 Letter Size Format.