



Zone 7 Water Agency  
100 North Canyons Parkway  
Livermore, CA 94551

Phone: 925-454-5000  
Fax: 925-454-5726  
www.zone7water.com

# ENCROACHMENT PERMIT APPLICATION

## Applicant Information

Application Date: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Site Location: \_\_\_\_\_

\_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

Purpose of Permit: \_\_\_\_\_

\_\_\_\_\_

Note: A deposit in the amount of the estimated plan review and field inspection cost may be required prior to permit issuance.

Applicant: \_\_\_\_\_

(Print Name)

(Signature)

## For Zone 7 Use Only

Encroachment Permit No.: \_\_\_\_\_

Copies To:  Applicant

Deposit: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

ASD

Permit Processing Fee:  \$50  \$200

Receipt No.: \_\_\_\_\_

File