



City of Huron/PO Box 339/36311 Lassen Ave., Huron, CA. 93234-0339 • Phone (559) 945-2241 • Fax (559) 945-2609

ENCROACHMENT PERMIT

APPLICANT _____ DATE _____
ADDRESS _____ A.P.N.# _____ PHONE _____
LOCATION AND NATURE OF WORK, INCLUDE PLANS _____

ESTIMATED STARTING DATE _____ COMPLETION DATE _____
VALUATION _____
PERSON PERFORMING CONSTRUCTION _____
ADDRESS _____ PHONE _____
CONTRACTOR'S LICENSE _____
EMERGENCY CONTACT _____ PHONE _____

In signing this permit, applicant and/or contractor Agrees to terms and conditions stated hereon
And/or attached hereto.

Signature of Contractor

Signature of Applicant

Date

Date

This permit must be kept on the worksite and shown to any authorized agent of the City of Huron on request. Required inspection shall be requested by calling (559) 945-2241 at least twenty-four (24) hours in advance.

FEE \$ _____
(Paid Stamp)

GRANTED BY: _____

(REVISED 11/21)