

DEPARTMENT OF TRANSPORTATION

ENCROACHMENT PERMIT OFFICE
 50 HIGUERA STREET
 SAN LUIS OBISPO, CA 93401-5415
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 FAX (805) 549-3062
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<http://www.dot.ca.gov/dist05>



*Serious drought
 Help save water!*

AUTHORIZATION OF AGENT

I, the owner as the Permit Applicant or legal representative for the Permit Applicant identified below, hereby authorize my agent, listed below, to apply for a State of California Department of Transportation Encroachment Permit and act on my behalf. In completing and signing this form I acknowledge that I have reviewed the State of California Department of Transportation Standard Encroachment Permit Application Form and agree to its terms and conditions.

Property Information, Encroachment Location, or Description

Property Address or
 Facility Description: _____

 State Route Number: _____
 City or County: _____
 Additional Information: _____
 (Project Reference No., APN, Tract Number, Subdivision Name, etc.)

Permit Applicant Information:

Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Phone Number: _____
 Print Name: _____
 Signature: _____
 Title: _____
 (Owner, Partner, Corporation Officer, Specify Other)
 Date: _____

Agent Information:

Name: _____
 Firm Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Phone Number: _____
 Print Name: _____
 Signature of Agent: _____
 Date: _____