

**DEPARTMENT OF TRANSPORTATION**

ENCROACHMENT PERMIT OFFICE  
 50 HIGUERA STREET  
 SAN LUIS OBISPO, CA 93401-5415  
 PHONE (805) 549-3152  
 FAX (805) 549-3062  
 TTY 711  
<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: \_\_\_\_\_