

Name of Applicant (Print)

County of Santa Cruz Parks, Open Space and Cultural Services

979 17th Avenue, Santa Cruz, CA 95062 831-454-7963 encroachment@scparks.com

COUNTY USE ONLY		
Date Received:		
Permit Fees Received:		

ANNUAL COASTAL ENCROACHME	NT PER	MIT RENEWAL APPLICATION
APPLICANT INFORMATION: Complete all fields.		
Applicant Name	Email	
Mailing Address	Phone	
	•	
ENCROACHMENT INFORMATION: Complete all fields.		
Property Address		Parcel No
		Encroachment Permit No
Identify and describe the encroachment(s)		
Square feet of encroachment(s)	Approxim	nate date of establishment of the encroachment(s)
Does the public have access over/through the encro	achment(s)	? Yes No
Original Permit Inception Date	Any ch	nanges from prior year?
	1	
		Yes No
If yes, describe any changes from prior year. If no, attach photo documentation (with date stamp).		
)
Describe the public access in the area (e.g., nearest public access point)		
Please provide answers to all the above items to the	best of yo	ur ability. Once the Parks Department receives
this information, a site inspection may be conducted to validate and/or augment the information. This		
information will be used to determine the appropriate case disposition, which could be (a) issuance of a renewal		
encroachment permit or (b) abatement of the encroachment.		
APPLICANT ACKNOWLEDGEMENT AND SIGNATURE		
I certify under penalty of perjury that the above info Encroachment Policy terms and conditions.	ormation is	true and correct. I agree to comply with Coastal

Signature of Applicant

Date