

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:		

COASTAL ENCROACHMENT PERMIT APPLICATION

APPLICANT INFORMATION: Complete all fields			
Applicant Name	Email		
Mailing Address	Phone		
ENCROACHMENT INFORMATION : Complete all fields			
Property Address		Parcel No	
		County Planning Application No	0
Identify and describe the encroachment(s)			
Square feet of encroachment(s)	Approxin	nate date of establishment of	the encroachment(s)
Door public have access over/through this energesh	man+2	Yes No	
Does public have access over/through this encroach			
Describe the public access in the area (i.e. adjacent a	and neares	t public access point)	
Please provide answers to all of the above items to t	he best of	your ability. Once the Parks [Department receives
this information, a site inspection may be conducted			
information will be used to determine the appropria		· •	
encroachment permit or (b) abatement of the encro		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
APPLICANT ACKNOWLEDGEMENT AND SIGNATURE			
I certify under penalty of perjury that the above info		true and correct. I agree to c	omply with Coastal
Encroachment Policy terms and conditions.			. ,
Name of Applicant (Print)	Signature	of Applicant	Date