



CITY OF COALINGA
The Sunny Side of the Valley

Encroachment Permit Application

DATE: _____

CONTRACTOR (NAME & LICENSE #): _____

JOB ADDRESS: _____

APN #: _____

OWNER: _____

DESCRIPTION OF WORK TO BE DONE (PLEASE ATTACH NECESSARY PLANS/DRAWINGS):

AGREEMENT: All work performed under this permit shall be in accordance with the Standard Plans and Specifications and the applicable ordinances of the City of Coalinga.

WARNING: LOCATE BURIED FACILITIES BEFORE EXCAVATING.
CALL: USA 1-800-642-2444 FORTY-EIGHT (48) HOURS PRIOR TO WORK.

*****OFFICE USE ONLY/APPLICANT DOES NOT COMPLETE THIS SECTION*****

PERMIT #: _____

PUBLIC WORKS REVIEWED & APPROVED BY: _____

DATE: _____

COMMENTS: _____

