



Encroachment Permit Application
 City of Dillingham
 PO Box 889, Dillingham, Alaska 99576

Application received: ____/____/____

Fee Paid \$: _____

Applicant Name: _____

Phone Number: _____

Owner's Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax: _____

Email: _____

Property Location/Description: _____

Basis for encroachment permit request: _____

Other special conditions: _____

Short Term Permit Long Term Permit Period requested: from ____/____/____ to ____/____/____

Provide all requested information above and attach appropriate as-built survey. You must include the \$75.00 non-refundable encroachment permit fee with your application to be processed.

Information included in this permit application is, to the best of my knowledge, true and complete. I acknowledge and will comply with the requirements set forth by this encroachment permit. I acknowledge that this permit does not grant approval to any other federal, state, or city permits that may be required.

Applicant's signature: _____ Date: _____

Landowner's signature: _____ Date: _____

To Be Completed By City:

City Manager	Date
Planning Director	Date
Public Works Director	Date
Action Taken by City: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete, return to applicant	