



Phone 208-245-2577

Fax 245-6579

RIGHT-OF-WAY ENCROACHMENT PERMIT

APPLICANT INFORMATION (Complete all fields.)

Date of Issue:	Permit Number
Work Start Date:	Total Time:
Work Stop Date:	
Block:	Lot(s):
Tract/Sub-Division:	
Owner: _____ Phone #: _____	
Address: _____	
Permittee (If Different): _____ Phone #: _____	
Address: _____	
Owners Engineer: _____ Phone #: _____	
Address: _____	
License #: _____ Date: _____	
Plumbing Permit: _____ Date: _____	

Proposed Work:	Description of Work by Permittee:
Sewer Connection	
Approach Construction	
Utility Construction	
Water Connection	
Tree Removal/Trimming	
Street Closure/Detour	
Street Construction	

Date Paid: _____
 Receipt No. _____
 Received By: _____

Conditions:

Remarks by City Representative

Other Permits	
Guaranty	
As-Built Plans	
Plan Review	
Inspection	
Testing	
Safety/Traffic Control	
Bond	
Other	

Reviewed By: _____ Phone: _____

Reviewed By: _____ Phone: _____

Fees:

Application:	
Plan Review:	
Inspection:	
Sewer Connection: Sewer Capitalization:	
Water Connection: Water Capitalization:	

Bond Type:	
Bond Amount:	
Surety Co.:	
Address:	
Officer: Phone:	

***Attach Proof of Insurance**

This permit becomes null and void if work or construction authorized is not completed by the date specified above. I hereby certify that I have read and examined this application and know the same to be true and correct. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regarding construction or the performance of construction.

Permittee Signature _____ **Date** _____

City Official Signature: _____ **Date** _____