Application Fee: \$100
County Filing Fee: @cost



170 S. Oak - 99114

Office of Building and Planning (509)684-5096 (509)684-5097 Fax (509)684-5030 www.colville.wa.us

## APPLICATION TO ENCROACH UPON PUBLIC RIGHT-OF-WAY

1.	Name	e of applicant:			
2.	Addr	ess of applicant:			
3.	Phon	e: (Home)	(Work)	Email:	
4.	Parce	el No		Zone District:	
5.	Gene	ral location of property	address:		
6.	Size	of property (square foot	age or acreage):		
7.	Present use of property:				
8.	Expla	Explain the proposed encroachment:			
9.	Attach a detailed site plan to scale on 8-1/2 x 11 paper or other medium acceptable to the staff indicating the following: (a) North arrow; (b) lot line dimensions; (c) locations of all existing and proposed structures; (d) easement and right-of-way locations (Contact the Public Works Department at 684-8165 for help determining the approximate easement and right-of-way locations.*); (e) location of existing utilities based on utility locates; (f) location of existing and proposed encroachment, (g) location of pavement, curb and sidewalk. *Note: The Public Works Department does not survey the premises and assumes no liability for any inaccuracy therein.				
	(A)	I hereby request permi	ssion to encroach upon the	public right-of-way as prop	oosed above.
	(B)	Justification (Please ex	xplain what characteristics	s of the proposal justify granting the request):	
10.	encro			nade between the City and nty Auditor, the cost of wh	

Rev: 06/16