County of Ventura



## **ENCROACHMENT PERMIT EXTENSION,**

**RE-ACTIVATION, REVISION, or CANCELLATION REQUEST** 

PUBLIC WORKS AGENCY TRANSPORTATION DEPARTMENT

800 South Victoria Avenue, Ventura, CA 93009-1620

(805) 654-2055 / Fax: (805) 654-5169

FOR STAFF USE ONLY				
Date Applied:				
Trust No.:				

email: pwa.transpermits@ventura.org / http://www.pwa.ventura.org

	Extension / Re-activation	Work Revision	Cancellation	Check a	ll that apply)
F	Permit Number:	Project Address:			
ERMI INFO	Permit Contact Name:				Today's Date:
<b>A</b>	Email:			Phor	ne:

PROPOSED CHANGES				
Revised Description of Work:				
No. of Working Days Needed:	New Construction Start Date:	New Construction End Date:	Did Construction Y N Start?: (Select one)	

REASON FOR THE REQUEST			

Working in the road right of way without an approved permit is a misdemeanor and subject to double fees and other penalties.

## ACKNOWLEDGEMENT

I hereby apply for permission to extend, modify, or cancel a previous permit to encroach upon the County right of way or other County property. I understand that any the original permit or modifications that may be granted as a result of this request may be revoked by the County at any time. In consideration for issuance of a permit, I agree, and by use hereof, my agents, employees, contractors, and invitees agree to be bound by all of the provisions of California Vehicle Code Sections 35780, 35782, Division 12 of the Ventura County Ordinance Code, the Standard Conditions included with the original permit and any special conditions hereupon, or attached hereto.

Ву:			_ Date:	
Signature of:	□Owner or	Authorized Agent (include Authorization Form)		
Print Name:				