

**CITY OF SKY VALLEY
RIGHT-OF-WAY ENCROACHMENT PERMIT**

NO. _____

PROJECT NAME: _____
PROJECT ADDRESS: _____ TAX MAP: _____ LOT _____
PROJECT TYPE: () LANDSCAPING () DRIVEWAY () OTHER
TOTAL PROJECT ACRES: _____ PROPOSED DATE OF CONSTRUCTION: _____
APPLICANT: _____ PHONE NUMBER: _____
MAILING ADDRESS: _____ ST/ZIP: _____
PAGER/CELL PHONE NUMBER: _____ EMERGENCY PHONE NUMBER: _____
ENGINEERING FIRM: _____ FIRM CONTACT PERSON: _____
24-HOUR CONTACT NAME: _____ PHONE NUMBER: _____
24-HOUR CONTACT CELL #: _____ FAX NUMBER: _____

APPLICATION IS HEREBY MADE FOR:

() **RIGHT-OF-WAY ENCROACHMENT FOR STRUCTURE** () **LANDSCAPING**
() **DRIVEWAY** () **OTHER** _____

GENERAL REQUIREMENTS:

No plants, flowers or trees are permitted to be planted within five (5) feet from the edge of the road.
No plants, flowers or trees are permitted to be planted on the City's side of any ditch line.
Any encroachment into the City's right-of-way requires approval of an Encroachment Permit.
Trees will not be permitted to be planted on the City's right-of-way.
Fences, Gates, Retaining Walls, Columns, etc. will require additional City approval.
Any improvements requested herein will be permitted on a temporary basis and use of the right-of-way may be reclaimed at any time for the City of Sky Valley when it is determined by the City that the right-of-way is needed for any public purpose.
The City of Sky Valley will have no responsibility or obligation to pay for any flowers, shrubs or plants if removed nor any responsibility to pay for damage to said flowers, shrubs or plants.

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THE PROPOSED WORK WILL MEET ALL CODES AND ORDINANCES OF THE CITY OF SKY VALLEY.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

APPLICATION FEE: _____ RECEIVED BY: _____ APPLICATION DATE: _____

APPLICATION: () APPROVED () APPROVED WITH CONDITIONS () DISAPPROVED

CONDITIONS:

DATE

REVIEW/INSPECTION FEE: _____ RECEIVED BY: _____ ISSUE DATE: _____ INSPECTOR: _____