

County of Santa Barbara Department of Public Works, Road Division Permit Office 4417 Cathedral Oaks Road Santa Barbara, CA 93110 Santa Maria CA 93455

THE REST	Road Encroachm FTR REF: WO917981	ent Permit Appli	cation	Permit 1	No	
	NARY PROJECT: Y/N (If y	es, provide copy of Cond	of Approval)	APN:		
	MENT ADDRESS:					
	ON OF WORK:					
	OWNERS INFORMATION)N				
Name:			E-mai	l address:		
Mailing Add	ress:		City		Zip	
Telephone: _		(Cell)		(Fax)		
*	Plans must be submitted wit	h application.				
	Applicant Information	Authorized Agen	t[](fill out	Authorization Si	ignature below if checked)	
Check one:	CONTRACTOR [] ARC	HITECT [] ENGIN	EER[]			
Company Na	nme:	Repre	sentative			
Telephone:	(0	Cell)	E-mail			
Address:				State License _		
Worker's Co	mp. Insurer:		Exp. Date:			
	CONTRACTOR [] ARC					
	presentative:					
Telephone:	((Cell)	E-mail	·		
Address:						
	orker's Comp. Insurer:			Exp. Date:		
	Authorization Signature (Print Owner Name)					
ny/our authorize nat as the legal	ed agent to apply for, sign, and	receive in my/our behalf, a oachment/excavation is to ta	Road Division	Encroachment/I	gent Name) Excavation Permit. I/we unders ible and liable for all actions, co	
igned:		Date:				
		gnature (*required to				
	(D: AM	hereby make application to excavate and/or encroach in the Public Road/				
		ed herein, subject to the prov	isions required	d by Ordinance N	No. 1491, of Santa Barbara Cou	
plicant from an oult of any of th	y liability or responsibility for the work undertaken under the te bilities are hereby assumed by the	any accident, loss or damag rms of this application and the owner or applicant.	e to persons or	r property, happe	reof shall be saved harmless by ning or occurring as the proxin be granted in response thereto,	
igned:	Leticia F. Mat	taow	Date:			

Date: ____