



# ENCROACHMENT PERMIT APPLICATION

## CITY OF MONTCLAIR ENGINEERING DIVISION

City of Montclair, 5111 Benito Street, P.O. Box 2308, Montclair, CA 91763  
Engineering Division Office (909) 625-9442 Fax (909) 621-1584 www.cityofmontclair.org  
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**Note: If encroachment permit is granted, the City may revoke it at any time and all encroaching facilities shall be removed**

Property  
Owner  
Information

Name:	_____
Address:	_____
	<i>Address City State Zip</i>
Contact Info:	_____
	<i>Phone Number Cell Phone Number Email Address</i>

Type of  
Encroachment

**I would like to apply for an Encroachment Permit for the purpose of constructing in the City right-of-way.**

<input type="checkbox"/> Block Wall Fence	<input type="checkbox"/> Ornamental Iron Fence	<input type="checkbox"/> Combination Fence
<input type="checkbox"/> Signage	<input type="checkbox"/> Other (if other please describe)_____	

Trees

Does the location of the encroachment have trees within six (6) feet?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Existing  
Sidewalk

Does the location of the encroachment have a sidewalk?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Property Type

<input type="checkbox"/> Corner Lot Property	<input type="checkbox"/> Interior Lot Property
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\_\_\_\_\_  
Name of Applicant (Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date