



616 NE 4th Ave, Camas, WA 98607

COMMERCIAL ENCROACHMENT PERMIT FORM

City Permit Number

- FRANCHISE SMALL WIRELESS FACILITY
 SPECIAL

Date Submitted: _____

APPLICANT INFORMATION	Owner or Business _____	Applicant Project No.		
	Address _____			
	City _____	State _____ Zip _____		
	Contact Name _____	Title _____		
	Phone _____	Email _____		
AGENT INFORMATION	Business _____	Agent Project No.		
	Address _____			
	City _____	State _____ Zip _____		
	Contact Name _____	Title _____		
	Phone _____	Email _____		
CONTRACTOR INFORMATION	Business _____	Contractor Project No.		
	Address _____			
	City _____	State _____ Zip _____		
	Contact Name _____	Title _____		
	Phone _____	Email _____		
	W.C.L. # _____	Expires _____	Tax ID Number _____	
JOB SITE INFORMATION	Work Location _____			
	Description of Work _____			
	_____ Pavement Cut(s)	<input type="checkbox"/> Plans Attached	Value of work and material in right-of-way: \$ _____	
	_____ Sidewalk Cut(s)	<input type="checkbox"/> TCP Attached		
	Project Start Date _____		End Date _____	
	Signed _____		Date _____	
CITY USE ONLY	<input type="checkbox"/> Engineering Plan Req'd	<input type="checkbox"/> Drawings Rec'd	Approved By: _____	Date Approved: _____
	<input type="checkbox"/> Traffic Control Plan Req'd	<input type="checkbox"/> TCP Received	Approved By: _____	Date Approved: _____
	<input type="checkbox"/> Standard Conditions Signed & Attached / on File		Permit Fee	\$ _____
	<input type="checkbox"/> Special Conditions Attached		Other Fees	\$ _____
	<input type="checkbox"/> Fee(s) Paid	NOTE: Permit is not valid until paid.	Total Fees	\$ _____
	Receipt Number _____ By _____ Date Paid _____			
	Approved by: _____ Date Approved: _____ Expires: _____			