



**COUNTY OF SANTA BARBARA
DEPARTMENT OF PUBLIC WORKS
ROAD DIVISION ENCROACHMENT PERMIT OFFICE
2400 Professional Parkway, Suite 150 Santa Maria, CA 93455
(North County)
Clearance Request**

Owner: _____ Permit No. _____

Address: _____ APN _____

Project Site: _____

Type of Work: _____

Prior to the issuance of Road Encroachment Permit, it shall be the responsibility of the Permittee and /or Applicant to obtain clearances from the departments and/or agencies checked below. Once the required clearances are obtained, return this form to this office. This office will require a minimum of 48 hours after return of this completed form for final permit approval and issuance.

<i>For County Use Only</i>		
Department / Agency	Wet Signature	Received / Reviewed Date
<input type="checkbox"/> Parks/Trails	x _____ Jeff Stone 934 6123	_____ Date
<input type="checkbox"/> Flood Control	x _____ Dale Weber 568 3440	_____ Date
<input type="checkbox"/> Transportation/Traffic	x _____ Bert Johnson / Brad Probst 934 6220 / 739 8795	_____ Date
<input type="checkbox"/> Grading/Building	x _____ Jeff Thomas 934 6233	_____ Date
<input type="checkbox"/> Zoning Admin	x _____ Zoraida Abresch 934 6585	_____ Date
<input type="checkbox"/> Engineering Design	x _____ Walter Rubalcava 739 8775	_____ Date
<input type="checkbox"/> Road Maintenance	x _____ Dean Clouse / John McGray 934 6100 / 737 7773	_____ Date
<input type="checkbox"/> Sanitation/Lighting	x _____ Martin Wilder 739 8750	_____ Date
<input type="checkbox"/> Environmental Health	x _____ 346 8460	_____ Date
<input type="checkbox"/> California Highway Patrol	x _____ Officer Don Clotworthy 967 1234 / 967 7095	_____ Date
<input type="checkbox"/> Other	x _____	_____ Date

I hereby acknowledge and accept receipt of this form and fully understand my responsibility in obtaining clearances for the above-mentioned permit.

Permittee/Applicant Signature: _____