



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

Road Encroachment Permit Clearance Request

Permit No. _____

Owner (Permittee) _____ APN _____

Applicant: _____

Project Site: _____

Type of Work: _____

Prior to the issuance of a 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. Please submit this form and a copy of the proposed construction plans to each of the checked Departments and/or Agencies for review to obtain clearance. Once the required signatures are obtained, return this form to this Office for further processing.

<i>For County Use Only</i>			
<input type="checkbox"/> Building/Grading	Contact: John Keairns	568-3116	_____ Date
<input type="checkbox"/> Planning/Zoning	Contact: Steve Foley	568-2055	_____ Date
<input type="checkbox"/> Flood Control	Contact: Dale Webber	568-3446	_____ Date
<input type="checkbox"/> Transportation	Contact: Bert Johnson	568-3095	_____ Date
<input type="checkbox"/> Engineering Design	Contact: James Marrs	568-3047	_____ Date
<input type="checkbox"/> Parks/Trails	Contact: Claude Garciacelay	568-2469	_____ Date
<input type="checkbox"/> Road Maintenance	Contact: Richard Navarro	681-5678	_____ Date
<input type="checkbox"/> _____ Association	Contact:		_____ Date
<input type="checkbox"/> _____ Sanitary District	Contact:		_____ Date
<input type="checkbox"/> Santa Barbara County Environmental Health		681-4900	_____ Date
<input type="checkbox"/> Other			_____ Date

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

 Permittee/Applicant Signature

 Date