

SANDERS COUNTY PO BOX 519 THOMPSON FALLS, MT 59873

827-6961 827-4388(FAX)

# ENCROACHMENT/EXCAVATION APPLICATION

APPLICANT:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IF APPLICANT IS A CORPORATION, GIVE STATE OF INCORPORATION AND NAMES OF CONTACT PERSONS

\_\_\_\_\_

HEREIN TERMED THE APPLICANT, REQUESTS PERMISSION TO ENCROACH/EXCAVATE UPON COUNTY PROPERTY OR COUNTY RIGHT-OF-WAY DESCRIBED AND SHOWN ON ATTACHED PLOT PLAN OR PLAN AND PROFILE AND HEREBY MADE A PART OF THIS APPLICATION.

USE OF PROPERTY OR FACILITY: \_\_\_\_\_

SECTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_

TOWN \_\_\_\_\_

ROAD NAME \_\_\_\_\_

THE UNDERSIGNED, THE "PERMITEE", HEREBY ACCEPTS THIS PERMIT, TOGETHER WITH ALL OF THE TERMS AND CONDITIONS SET FORTH THEREIN.

\_\_\_\_\_  
PERMITEE

\_\_\_\_\_  
DATE

SANDERS COUNTY:

BY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
TITLE

DATE

COMPLETED CONSTRUCTION INSPECTED BY:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

AMOUNT DUE: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_