



CITY OF FERNDALE REVOCABLE ENCROACHMENT PERMIT APPLICATION

RECEIVED BY: _____	DATE RECEIVED: _____
PERMIT FEE: \$ _____	RECEIPT #: _____
DATE ISSUED: _____	PERMIT #: _____
EXPIRES: _____	<i>(For Office Use Only)</i>

JOB ADDRESS: _____

NAME OF PROJECT AND/OR PERMIT NUMBERS ASSOCIATED WITH THIS PERMIT : _____

PARCEL NUMBER: _____

FERNDALE CITY BUSINESS LICENSE #: _____ (REQUIRED)

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE NUMBER: _____ APPLICANT EMAIL: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE #: _____ CONTRACTOR EMAIL: _____

CONTRACTORS LICENSE #: _____ EXPIRATION DATE: _____

CONTACT NAME: _____ PHONE NUMBER: _____

WORK TO BE PERFORMED: _____

NOTICE

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or performance of construction. Further, I hereby certify that I am a licensed contractor and that said license is in full force and effect, AND that I have a current City of Ferndale Business License.

APPLICANT: _____ DATE: _____

APPLICANT MUST GIVE 24 HOURS NOTICE PRIOR TO STARTING ANY WORK.