

**City of Burlingame**  
**SPECIAL ENCROACHMENT PERMIT APPLICATION**



Purpose of this application is for constructing permanent and non-permanent fixtures within the City's right-of-way. The application and plans shall be reviewed by the Engineering Division, who will also perform field investigation and inspections. **Attach plans or drawings to show the dimensions, locations, and heights of the encroachment.** If application is approved, Engineering Staff will finalize the permit and file it with the County of San Mateo for recording (For Permanent Encroachments Only). When work is ready to be inspected, please call (650)-558-7230.

DATE RECEIVED: \_\_\_\_\_

**Site Information for Proposed Encroachment**

Street Address: \_\_\_\_\_ APN: \_\_\_\_\_

Lot No.: \_\_\_\_\_ Block No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Describe Encroachment (Attach additional pages if applicable): \_\_\_\_\_

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Purpose of Request: \_\_\_\_\_

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**Business Information**

Business Name: \_\_\_\_\_ Contact On-Site: \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicant Information**

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Owner Information**

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Property Owner/Business Owner Date

**FOR CITY USE ONLY**

<b>ACTION</b>		<b>FEES &amp; DEPOSITS</b>	
Permit:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Security Bond (refundable):	\$ _____
City Official:	_____	Permanent:	\$ _____
Date:	_____	Non-Permanent:	\$ _____
		Subsurface Shoring System:	\$ _____
		<b>Total Fees Paid:</b>	\$ _____