



REVOCABLE LICENSE & ENCROACHMENT PERMIT APPLICATION

Submit application to:
City of Klamath Falls
Public Works Engineering
226 S. 5th St. / P.O. Box 237
Klamath Falls, OR 97601
Phone (541) 883-5368
Fax (541) 883-5287

\$50.00 Application Fee (non-refundable)
\$31.00 Recording Fee (refundable if denied)

City Use:
Encroachment #

Date: _____

APPLICANT NAME: _____ PHONE: _____

PROPERTY OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

ADDRESS / LOCATION OF PROPOSED ENCROACHMENT: _____

PURPOSE OF ENCROACHMENT: _____

➤ SUBMIT A COPY OF THE RECORDED DEED (LEGAL DESCRIPTION) OF THE ADJACENT REAL PROPERTY BENEFITED BY THE ENCROACHMENT.

By submitting this application, Applicant acknowledges that the City of Klamath Falls and other public utility companies are not liable for any damage caused to any permitted or unpermitted encroachment during maintenance or construction activities within the right of way.

CITY USE ONLY ↓

FEES PAID: _____ DATE: _____

ENGINEERING DIVISION RECOMMENDATIONS: **Approved:** _____ **Denied:** _____

BY: _____ DATE: _____

RESTRICTIONS / COMMENTS: _____

PUBLIC WORKS DIRECTOR: **Approved:** _____ **Denied:** _____

DIRECTOR SIGNATURE: _____ DATE: _____

COMMENTS: _____

ONE-SHEET PLOT PLAN

(Illustrate the proposed structure encroachment)

Drawn by: _____ Date: _____ Scale: _____

1. List all dimensions: distance to property lines, curbs, sidewalks.
 2. Dimension **ALL WORK**.
 3. Show main building with address.
 4. Lettering shall be legible (line work shall be drawn with a straight edge).
 5. List street names.
 6. North arrow.
 7. List or identify materials of encroached structure.
 8. Computer generated drawings may be submitted on a separate 8 1/2" x 11" sheet.
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