

CAYUCOS SANITARY DISTRICT

GOVERNING BOARD
R. Enns, President
H. Fones, Vice-President
S. Lyon, Director
M. Foster, Director
D. Chivens, Director

200 Ash Ave.
P.O. Box 333, Cayucos, California 93430-0333
805-995-3290

APPLICATION FOR ENCROACHMENT OF SEWER EASEMENT PERMIT

OWNER NAME: _____ SERVICE ADDRESS: _____

APN#: _____ - _____ - _____

The following information must be provided to the District by the owner to enable completion of the encroachment permit application:

1. **Provide a copy of the title insurance policy or lot/book guarantee showing:**

- A. Legal owner's name showing to whom the title to the estate or interest in the land is vested.
- B. Property address, to include Assessor's Parcel Number (APN).
- C. Legal description of the Cayucos Sanitary District's recorded sewer easement.
- D. Legal description of the real property.

2. Provide a written statement describing the nature of the encroachment(s), specifying any and all appurtenances or structures that will encroach into the easement, including but not limited to eaves, decks, footings, fences, retaining walls and drainage facilities. This should include aerial encroachments, as well.

3. A plot plan must be provided showing a footprint of all structures and appurtenances, and their relationship to the easement.

4. Once the applicant complies with all of the above items, District staff will issue a conditional will-serve for the project.

5. All costs connected with processing of the application and preparation of the license agreement will be borne by the applicant. Please sign the statement of acceptance that follows.

I hereby consent to payment of all costs connected with processing of the application and preparation of the license agreements, including but not limited to staff time, attorney costs and recording fees. I understand that an accounting of costs shall be made and will be deducted from any sewer will-serve deposit remaining on account. I understand that in the event there is insufficient deposit remaining on account, that I will be separately billed. Furthermore, I understand that all related fees must be paid before issuance and recording of the license agreement, should District approval of my application be granted.

Accepted By:
Property owner signature _____

LEGAL DECLARATION

I, the owner of record of this property, acknowledge that I have completed this form accurately and declare that all information provided herein is true.

Property owner name (printed) _____

Property owner signature _____ Date _____