



County of Santa Cruz
Parks, Open Space and Cultural Services

979 17th Avenue, Santa Cruz, CA 95062
831-454-7939 encroachment@scparcs.com

COUNTY USE ONLY

Date Received:	
Permit Fees Received:	

COASTAL ENCROACHMENT PERMIT APPLICATION

APPLICANT INFORMATION: Complete all fields

Applicant Name _____ Email _____
Mailing Address _____ Phone _____

ENCROACHMENT INFORMATION: Complete all fields

Property Address _____ Parcel No _____
County Planning Application No _____

Identify and describe the encroachment(s)

Square feet of encroachment(s) _____ Approximate date of establishment of the encroachment(s) _____

Does public have access over/through this encroachment? Yes No

Describe the public access in the area (i.e. adjacent and nearest public access point)

Please provide answers to all of the above items to the best of your ability. Once the Parks Department receives this information, a site inspection may be conducted to validate and/or augment the information. This information will be used to determine the appropriate case disposition, which could be (a) issuance of an encroachment permit or (b) abatement of the encroachment.

APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

I certify under penalty of perjury that the above information is true and correct. I agree to comply with Coastal Encroachment Policy terms and conditions.

Name of Applicant (Print) Signature of Applicant Date