



**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

Received:	
Waiver No:	
Issue Date:	
Expiration Date:	06/30/20__

## COASTAL ENCROACHMENT PERMIT WAIVER REQUEST

**APPLICANT INFORMATION:** Complete all fields

Applicant Name \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

**PARCEL INFORMATION:** Complete all fields

Property Address \_\_\_\_\_ Parcel No \_\_\_\_\_  
\_\_\_\_\_ County Planning Application No \_\_\_\_\_

Describe the proposed project

**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

**COUNTY OF SANTA CRUZ OFFICIAL APPROVAL**

Based on presented information, **Coastal Encroachment Permit is hereby waived** for the above-named applicant for the specified parcel.

\_\_\_\_\_  
Name of Parks Dept Official (Print) Signature of Parks Department Official Date