



**County of Santa Cruz
Parks, Open Space and Cultural Services**

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

COUNTY USE ONLY

Received:	
Waiver No:	
Issue Date:	
Expiration Date:	

COASTAL ENCROACHMENT PERMIT WAIVER REQUEST

APPLICANT INFORMATION: Complete all fields

Applicant Name _____ Email _____
Mailing Address _____ Phone _____

PARCEL INFORMATION: Complete all fields

Property Owner _____ Parcel No _____
Property Address _____ County Planning Application No _____

Describe the proposed project

List all sub-contractors involved with 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