

LICENSE TO ENCROACH APPLICATION FORM

Updated: September, 2017

Case # LA-____-____



CONTACT INFORMATION

Applicant's Name		Property Owner	
Applicant's Mailing Address		Owner's Mailing Address	
Applicant's Phone #		Owner's Phone #	
Applicant's Email		Owner's Email	

PROPERTY INFORMATION

Location of Proposed Encroachment: _____

Type of Encroachment ☐ Right-of-Way ☐ Easement

Subdivision _____

Proposed Use: _____

Justification for Encroachment (why should this request be granted): _____

AUTHORIZATION

All required application documents are attached, including documentation indicating consent by all necessary parties. I understand the fees for and the process of encroachment. I will hold the City of San Marcos harmless, and indemnify it against all suits, costs, expenses and damages that may arise or grow out of approval of this application and release the City from any and all claims arising out of or in connection with damage to encroaching structures.

Filing Fee \$1,000 Technology Fee \$11 **TOTAL COST \$1,011**

Submittal of this digital Application shall constitute as acknowledgement and authorization to process this request.

To be completed by Staff: Accepted By: _____ Date Accepted: _____

Proposed Meeting Date: _____ Application Deadline: _____

APPLY ONLINE – WWW.MYGOVERNMENTONLINE.ORG/

CHECKLIST FOR LICENSE TO ENCROACH APPLICATION***

Items Required for Complete Submittal		Staff Verification & Comments	
<input type="checkbox"/>	Pre-application conference with staff is recommended Please call (512)393-8230 to schedule	<input type="checkbox"/>	
<input type="checkbox"/>	Completed Application for License to Encroach	<input type="checkbox"/>	
<input type="checkbox"/>	Site Plan illustrating the encroachment, may include photos	<input type="checkbox"/>	
<input type="checkbox"/>	Building Plans for all encroaching structures which must be approved by the Building Official prior to approval of this application.	<input type="checkbox"/>	
<input type="checkbox"/>	Metes & Bounds description of the area to be encroached upon	<input type="checkbox"/>	
<input type="checkbox"/>	Subdivision Plat or detailed sketch of the area sought to be encroached upon & the surrounding area to the nearest streets in all directions, showing the abutting lots and blocks	<input type="checkbox"/>	
<input type="checkbox"/>	Letters of Consent from all property owners abutting the area to be encroached upon, including names & addresses	<input type="checkbox"/>	
<input type="checkbox"/>	Agreement to the placement of notification signs and acknowledgement of notification requirements	<input type="checkbox"/>	
<input type="checkbox"/>	Authorization to represent the property owner, if the applicant is not the owner	<input type="checkbox"/>	
<input type="checkbox"/>	Application Filing Fee \$1,000 Technology Fee \$11	<input type="checkbox"/>	
Additional information may be required at the request of the Department			

I hereby certify and attest that this application and all required documentation is complete and accurate. I hereby submit this application and attachments for review by the City of San Marcos.

Type Name: _____ Date: _____

☐ Engineer ☐ Architect/Planner ☐ Surveyor ☐ Owner ☐ Agent