



County of Santa Cruz
Parks, Open Space and Cultural Services

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

Date Application Received	
Annual Fee Amount	
Date Fee Received	
Permit No	
Expiration Date	

COASTAL ENCROACHMENT PERMIT

PERMITEE INFORMATION: Complete all fields

Permitee Name _____ Email _____
Mailing Address _____ Phone _____

ENCROACHMENT INFORMATION: Complete all fields

Property Address _____ Parcel No _____
County Planning Application No _____

Type of encroachment: Exclusive Non-Exclusive
Encroachment zone: Mid South North

Description of permitted encroachment(s)

Square feet of encroachment(s)

Approximate date of establishment of the encroachment(s)

Additional conditions of permit approval

COUNTY OF SANTA CRUZ OFFICIAL APPROVAL

Permission is hereby granted to the above-named applicant for annual **Coastal Encroachment** at the specified location. This permit is revocable.

Name of Parks Director (Print)

Signature of Parks Director

Date

Distribution:
Permitee
Parks Department