



Date: _____

Permit # _____

Applicant's Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Best way to contact you: _____

LOCATION OF PROPOSED ENCROACHMENT

Road: _____ Milepost: _____ East(Rt): _____ West(Lt): _____

Posted Speed Limit: _____ East(Rt): _____ West(Lt): _____

Distance to nearest town or junction: Plummer

TYPE OF PROPOSED ENCROACHMENT

Quantity: _____ Width: _____ ft Estimated volume of vehicles per day: _____

☐ Commercial* ☐ Residential ☐ Field ☐ Other*

*Explain type of business/Other: _____

Culvert(s): ☐ No

☐ Yes Diameter: _____ Length: _____

Diameter: _____ Length: _____

A \$250 fee shall accompany this application. If proper construction or repair is not completed within ten (10) days, the Plummer Gateway Highway District may make repairs and assess the deposit. Additional inspection at \$50 per inspection.

☐ Fees waived. Utility services. Plummer Gateway Highway District Authorized Initials _____

HIGHWAY DISTRICT AUTHORIZED SIGNATURE _____