## CITY OF KODIAK





			1		
DATE			LEGAL ADDRESS		
NAME (print)			MAILING ADDRESS		
CITY			STATE		
HOME PHONE #			WORK PHONE #		
DESC	RIPTION OF	PROPOSED ENCROACHME	NT:		
	proposed encr	CH OF PROPOSED ENCHROA oachment. It is suggested the en		roperty lines and the dimension on your property as-built	
Subject condition		of this permit, the applicant	must understand and a	gree to the following terms and	
1.	This is not	This is not an exclusive right to use the publicly owned area.			
2.		The encroachment shall be removed, at your expense, upon notice from the City of Kodiak if access is needed for utility and street maintenance.			
3.	removed, a	Should the City of Kodiak decide to use the property, or right of way, the encroachment shall be removed, at your own expense, and the applicant shall make different arrangements which do not result in a conflict with City of Kodiak's use of it's property, or right of way.			
4.	no interest	The City of Kodiak maintains all of its rights and interest in the property, or right of way, and conveys no interest to the applicant other than permission to allow the encroachment until the City of Kodiak determines otherwise.			
Applica	nt Signature:				
			Date:		
Reviewe	ed & Accepte	d by:			
			Date:		
Public V	Vorks Director	•	_		
City Ma			Date:		
City Ivia					
FOR OFFIC Permit	E USE ONLY:	T			
□ \$5	60.00 per permit permit(s)			eturn to City of Kodiak Building Department lease call Building Department at 907-486-8070.	

☐ Not Applicable (N/A)