

APPLICATION FOR COMMERCIAL ENCROACHMENT

THIS SECTION TO BE FILLED OUT BY PROPERTY OWNER

PARCEL OWNER _____

BUSINESS PHONE NUMBER _____

CONTACT NAME _____

CONTACT PHONE NUMBER _____

PROPERTY ADDRESS _____

CONTACT EMAIL _____

CITY, STATE, ZIP CODE _____

PARCEL NUMBER _____

TENANT OR DBA: _____

DATE: _____

FEDERAL TAX ID NUMBER _____

Description for use of Property and measurements (Must be submitted at the time of application)

(attach a dimensional site plan & elevation drawing to scale on 8 1/2 x 11 paper) Highlight encroachment area

THIS SECTION TO BE FILLED OUT BY DRT (DEVELOPMENT REVIEW TEAM)

Conditions Determined by Development Review Team:

COMMENTS:

Zoning:	_____	Date:	_____	Approved	_____	Denied	_____
Publ. Util:	_____	Date:	_____	Approved	_____	Denied	_____
Engineering:	_____	Date:	_____	Approved	_____	Denied	_____
Transportation:	_____	Date:	_____	Approved	_____	Denied	_____
Fire:	_____	Date:	_____	Approved	_____	Denied	_____

DRT forms may be found at http://www.scldocs.com/building/DRT_Application_03_29_2016.pdf email to: DRT@slcgov.com

THIS SECTION TO BE COMPLETED BY PROPERTY MANAGEMENT

_____ Description Letter (Outline what the applicant is requesting. Include anticipated work.)

_____ DRT Signed off _____ DRT # _____

_____ Drawings (2) (with details and dimensional site plan on 8 1/2 x 11 paper)

_____ Certificate of Insurance

_____ Initial Payment Paid in Advance

_____ Original Signed Permit or Lease

_____ OKAY to Issue: Real Estate Services has all documents on file

_____ OKAY to issue: Subject to _____

Checked By _____

Date _____