

CITY OF CEDAR RAPIDS PUBLIC ENCROACHMENT APPLICATION

COMPLETE AND SUBMIT ALL THE REQUIRED INFORMATION LISTED BELOW FOR EACH REQUEST TO BE PROCESSED.
PLEASE ALLOW FOUR WEEKS FROM RECEIPT OF PAYMENT FOR REQUEST TO BE PROCESSED
IF NO ACTION TAKEN, APPLICATION WILL EXPIRE AND BE VOIDED 60 DAYS FROM REQUEST DATE.
NO REFUNDS WILL BE GIVEN.

APPLICANT NAME (AS IT APPEARS ON DEED):	CONTRACTOR (IF APPLICABLE)
ADDRESS OF PROPERTY OR LEGAL DESCRIPTION:	CONTRACTOR MAILING ADDRESS:
APPLICANT MAILING ADDRESS:	CONTACT PERSON:
CONTACT PERSON:	TELEPHONE NUMBER:
TELEPHONE NUMBER:	EMAIL:

I hereby acknowledge that these fees are non-refundable and do not guarantee approval of request by City Council.

DATE REQUESTED: _____ SIGNATURE: _____

TYPE OF REQUEST: (Check Applicable Items Below)

- Encroachment onto Public Right-of-Way (the following is required for all requests):
 - o Written Statement of Purpose for Request
 - o Site Plan with Measurements on 8 ½ x 11 or 8 ½ x 14 (color if possible)
 - o Elevation View with Measurements on 8 ½ x 11 or 8 ½ x 14 (color if possible)
 - o Application fee \$250.00 *

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 - o Written Statement of Purpose for Request
 - o Site Plan with Measurements on 8 ½ x 11 or 8 ½ x 14 (color if possible)
 - o Elevation View with Measurements on 8 ½ x 11 or 8 ½ x 14 (color if possible)
 - o Application fee \$250.00 *

***The Application Fee does not include closing cost, publication or recording fees. Fees are set by City Council Resolution No. 0352-04-08 effective July 1, 2008.**

SUBMIT REQUEST TO:

Public Works Department, Engineering Division
500 15th Ave SW
Cedar Rapids, Iowa 52404
Phone: (319) 286-5802
Fax: (319) 774-5653

CHECKS PAYABLE TO:

City Treasurer