



**TOWN OF CANTON**

50 Old River Road  
Canton, CT 06019

Department of Public Works  
(860) 693-7863  
(860) 693-7864 (fax)

**ENCROACHMENT PERMIT APPLICATION**

**BOND FEE: \$1,000** (Please make checks payable to "Town of Canton")

**PLEASE PRINT LEGIBLY**

Type of Encroachment: \_\_\_\_\_

Location of Encroachment: \_\_\_\_\_

Assessor's Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Zone: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Land Record Reference to Deed Description: Volume: \_\_\_\_\_ Page: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reason for encroachment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please attach a site plan scaled at sufficient detail to show existing and proposed conditions.***

**OWNER'S CONSENTING SIGNATURE:**

I certify that I am the Owner of the property which is the subject of this application, and that I have authorized the applicant to make this application and that I agree to be bound by this application, the representations made and the decision in the same manner as if I were the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT'S SIGNATURE:**

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership applicant. Accompanying this application is the required Bond.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

**AUTHORIZATION TO COMMENCE WORK**

**FILE #:** \_\_\_\_\_ **FEE AMOUNT:** \_\_\_\_\_ **CASH / CHECK** \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Project Administrator)

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Chief Administrative Officer)

**OFFICE USE ONLY**

**ACCEPTANCE OF WORK**

**FILE #:** \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Project Administrator)

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Chief Administrative Officer)