

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

**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

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

- Encroachment onto Public Easement (the following is required for all requests):
 - Written Statement of Purpose for Request
 - Site Plan with Measurements on 8 ½ x 11 or 8 ½ x 14 (color if possible)
 - Elevation View with Measurements on 8 ½ x 11 or 8 ½ x 14 (color if possible)
 - 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.**

****Closing cost fee of \$100.00 plus recording fees are due prior to issuance of Encroachment Agreement**
SUBMIT REQUEST TO:

Public Works Department
Engineering Division
500 15th Ave SW
Cedar Rapids, Iowa 52404
Phone: (319) 286-5844
Fax: (319) 774-5653

CHECKS PAYABLE TO:

City Treasurer

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