



**COUNTY OF LAKE
WATER RESOURCES DEPARTMENT**

255 N. Forbes Street
Lakeport, California 95453

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**APPLICATION FOR
LAKEBED ENCROACHMENT PERMIT**

Assessor's Parcel No.: _____ Date: ____/____/2018

Site Address: _____ City: _____

State: ____ Zip Code: _____ E-mail _____

Property Owner: _____ Phone Number: _____

Mailing Address _____ City: _____

State: ____ Zip Code: _____ E-mail: _____

Contractor: _____ Phone Number: _____

Address: _____ City: _____

State: ____ Zip Code: _____ E-mail: _____

Please provide written explanation on spaces provided below, as well as: Site Plans, Map(s) and Payment of \$813.00 (check or money order only) upon submission of Encroachment Permit Application***

Project Description: _____

Additional Information/ Notes: _____

