

APPLICATION FOR ENCROACHMENT PERMIT

CHARLESTON COUNTY PUBLIC WORKS

Encroachment into: _____ Date: _____

- ☐ Street / Right-of-Way : _____
- ☐ Easement: _____

OWNER / APPLICANT INFORMATION

Name of Encroachment Owner

Name of Authorized Agent / Applicant

Mailing Address of Owner

Mailing Address of Agent

City State Zip

City State Zip

Owner Phone

Agent Phone

Owner Email

Agent Email

Authorized Agent / Applicant's Legal Relationship to Owner:

- ☐ Engineer ☐ Contractor ☐ Authorized Employee
- ☐ Attorney ☐ Sub-contractor ☐ Other: _____

DESCRIPTION OF PROPOSED ENCROACHMENT

Site Address: _____

Subdivision: _____

Proposed Encroachment: _____

(Attach drawings and supporting details showing the proposed encroachment)

I, the undersigned Owner/Applicant, hereby apply to the County of Charleston for a permit for an encroachment in a public right-of-way or easement and certify under penalty of law that I understand and shall comply with the County's requirements for encroachments and standards of the County Road Code. I further authorize and consent that County inspectors may enter upon the premises as necessary to ensure compliance with all related requirements.

Encroachment Owner (Printed Name and Signature)

Date

Authorized Agent (Printed Name and Signature)

Date



Department of Public Works