



PO BOX 96
KANOSH, UT 84637

T O W N • O F • K A N O S H • U T

ENCROACHMENT APPLICATION

Application No.	_____	Fee	_____	Receipt No.	_____
Name of Applicant	_____				
Address	_____				
Phone	_____	Email	_____		
Encroachment site	_____				
Encroachment type	_____				
Please attach construction design plan including materials to be used, color(s), and maintenance plan.					
Contractor	_____				
Signature _____			Date _____		

THIS APPLICATION BECOMES A VALID PERMIT WHEN SIGNED BY THE CITY RECORDER

Approved ☐ Denied ☐ Permit No _____

Comments _____

City Recorder _____ Date _____

BUILDING INSPECTION REPORT

Date of Inspection _____

Remarks _____

Inspector Signature _____

Date _____