Encroachment Permit Amendment/Extension Application

Permit No: ________________________

Valley Water File No: _____________ Valley Water Facility: _________________________

The undersigned hereby applies for permission to amend/extend the above noted permit to perform the following work. It is understood that completing this application does not constitute permission to commence the work subject to the amendment. Requests for time extensions must be received a minimum of three (3) weeks prior to permit expiration to allow for processing. Permits may be extended once for good cause for a maximum period of two (2) years. To recover our cost in providing this service, please include the amendment/extension fee of $100 with your request. For requests to revise the permitted activity additional fees may be required pursuant to the Standard Rate Schedule in effect.

Describe type of work performed within Valley Water right-of-way under original permit:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Check all that apply:

☐ Permittee Name Change to: _______________________________________
   Name: ______________________

☐ Time Extension To:               _______________________________________
   Date: ______________________

☐ Revision to Permitted Activity (Describe proposed revision, including location of work):
   All applications for revised construction activities shall be accompanied by two (2) sets of plans.
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

☐ Other: ____________________________________________________________________
   _______________________________________

Permittee                                         Agent for Permittee
Permittee or Agent (Signature)

Address
City State Zip
Phone # Fax #

Address
City State Zip
Phone # Fax #

Permittee or Agent (Signature)

Date