



CITY OF VICTOR
P. O. Box 86, Victor, CO 80860
719-689-2284

Please check one: [] Fixed Encroachment
[] Temporary Encroachment

Property Owner _____
Owner's Representative _____
Home Phone _____ Mobile Phone _____
Mailing Address _____
City _____ State _____ Zip _____
Email Address _____

Detailed description of encroachment: _____

Purpose of encroachment: _____

Specific timeline for temporary encroachments: _____

Please review Article 3, Chapter 11 of the City of Victor Municipal Code as additional requirements may apply.

I (we) understand that any temporary or permanent encroachment on City ROW is installed at our own risk and is subject to removal by the City for any reason. The City is not responsible for any damage to private property on City ROW.

Signature of Property Owner _____ Date _____

(Fees: See City of Victor Fine and Fee Schedule)

FOR OFFICE USE ONLY

Approved: _____ Approved with Conditions: _____ Denied: _____
Permit issued on: _____ By: _____ Total Fee: _____