CARSON TRUCKEE WATER CONSERVANCY DISTRICT APPLICATION FOR FLOOD CONTROL CHANNEL ENCROACHMENT PERMIT

	City	County	State	Zip Code
Email Address		Phone N	lumber	
LICANT's AGENT:				
ENT's ADDRESS:	City	County	State	Zip Code
Email Address		Phone Number		
JCATION DATE:				

PROJECT DESCRIPTION: Briefly describe the overall Project scope and potential encroachments/impacts to the flood channel. Provide photographs, drawings or other relevant information. Additional information may be attached.

PROJECT PLANS: Provide descriptions, site maps, survey maps & data, design drawings, modeling data, photographs or other relevant information delineating project scope and specific project elements. Provide all information requested on the Encroachment Permit Application Checklist. Additional information may be attached.

CONSTRUCTION METHODS: Describe methods and plans to complete the installation of the project components; describe equipment to be used, dewatering plans, requirements for temporary river encroachments, permit & regulation compliance plans and other relevant information. Additional information may be attached.

ESTIMATED PROJECT START DATE:	
ESTIMATED PROJECT COMPLETION DATE:	
Please provide a detailed Project schedule/timeline	

PROJECT SCHEDULE/TIMELINE: Please provide a detailed project schedule and construction timeline for the project including expected temporary river encroachment periods and other relevant scheduling factors. Additional information may be attached.

REQUIRED PERMITS OR APPROVALS: List all permits, licenses and approvals required and note if each has been acquired or is in process. If in process, note the current status and expected approval date. Additional information may be attached.

OTHER INFORMATION: Provide any information that may be important to the approval of this application. Additional information may be submitted in the appropriate formats such as electronic data files, maps, drawings, manuals etc.

FINAL REPORT: Successful project applicants shall submit a final report to the District within 30 days of project completion which shall detail the project accomplishments and shall provide a presentation to the Board upon request.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete and accurate. I further certify that I have the authority to undertake the proposed Project and that as the applicant, I assume all responsibility for all project elements including, but not limited, compliance with all environmental and safety regulations and relevant construction standards.

SIGNED:	
NAME:	
TITLE:	
DATE:	

THE CARSON-TRUCKEE WATER CONSERVANCY DISTRICT WILL RESPOND TO APPLICATIONS WITHING 45 DAYS FROM THE DATE THE COMPLETE APPLICATION IS RECEIVED. THE CARSON-TRUCKEE WATER CONSERVANCY DISTRICT RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION AND/OR TO DENY ANY APPLICATION FOR FLOOD CHANNEL ENCROACHMENT PERMIT, BASED ON INFORMATION PROVIDED.