



**ENCROACHMENT PERMIT** CASE # EN \_\_\_\_\_  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**1203 N. HUDSON/PO Box 1188**  
**SILVER CITY, NM 88062 (575)534-6348 FAX (575)534-6381**

DATE \_\_\_\_\_  
 STAMP \_\_\_\_\_

An Encroachment Permit authorizes the applicant to encroach upon the public right-of-way with a building or structure under certain conditions. Requests for encroachment must be heard and approved by the Town Council.

**\*NOTE:** Please fill out entire application. Incomplete or illegible applications will not be accepted. Ten (10) copies of all attachments are required. The application fee is \$75.00

**REQUIRED DOCUMENTS:**

- A survey showing the encroachment
- Proof of ownership (copy of deed)
- Paragraph explaining the reason for the encroachment request.

Encroachment Permit for a \_\_\_\_\_ (type) structure  
 into the \_\_\_\_\_ right-of-way,  
 totaling \_\_\_\_\_ square feet in area (amount of encroachment).

**APPLICATION DATE:** \_\_\_\_\_

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Proprietary interest in property: \_\_\_\_\_  
 Property street address: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alternate phone \_\_\_\_\_ Email: \_\_\_\_\_

**OTHER CONTACT (Agent/Surveyor):**

Name: \_\_\_\_\_ Title \_\_\_\_\_ Business: \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY INFORMATION:**

Property street address: \_\_\_\_\_  
 Adjacent streets \_\_\_\_\_  
 Zoned (please circle one): Rural Res A Res B Res C Commercial Industrial  
 Located in floodplain?  No  Yes: FEMA map # \_\_\_\_\_

**See other side**

**LEGAL DESCRIPTION of lot(s) where encroaching structure is located:**

Platted: Lot(s) \_\_\_\_\_ Block(s) \_\_\_\_\_

Subdivision/Addition \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Total area: \_\_\_\_\_ square feet Property code: 3-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

(The property code # can be obtained from the County Assessor's Office or from the tax bill)

**REASON FOR REQUEST:**

**The reason(s) for the request must comply with Section 6.3.9 (Encroachment) of the Land Use Code. (Please attach additional sheets if necessary.)**

\_\_\_\_\_  
**Signature of Applicant** **Date**

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**FOR STAFF USE ONLY**

Fee:\$ \_\_\_\_\_ cash/ck.# \_\_\_\_\_ Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

To be heard by the Town Council on \_\_\_\_\_

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**DECISION OF TOWN COUNCIL**

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_ Date of hearing

\_\_\_\_\_ Staff initials