



Revocable License Number _____

APPLICATION FOR REVOCABLE LICENSE

PLEASE PRINT

NOTE: Your application cannot be processed without complete information. Provide all information that pertains to your work or activity within Sonoma County Water Agency (Water Agency) properties. Processing of this application will not begin until all required information as defined in these instructions and application is accepted as complete by the Water Agency. **FAXED APPLICATIONS WILL BE ACCEPTED, HOWEVER, THE ORIGINAL SIGNED APPLICATION MUST BE ON FILE BEFORE THE LICENSE CAN BE ISSUED.**

APPLICATION DATE _____

JOB ADDRESS / LOCATION (Be specific - reference cross street, project name, or landmarks.)

Assessor Parcel Number(s)

Additional Description

APPLICANT NAME _____

Contact Person _____ Contractor License No. _____

Address _____

City/Zip _____

Telephone _____ Fax _____ Cellular _____

Subcontractor _____ Contact Name _____ Telephone _____

Subcontractor _____ Contact Name _____ Telephone _____

Application for Revocable License - Continued

PURPOSE OF LICENSE (Fully describe proposed activity on Water Agency properties. Attach two sets of final drawings.)

REQUESTED START DATE _____ ESTIMATED COMPLETION DATE _____
(Start date and completion date for work being performed under this application only.)

SIGNATURE

(Print Name and Title)

This is only an application and does not authorize any work on Sonoma County Water Agency properties until a Revocable License is issued and signed by both the Licensee and the Sonoma County Water Agency.

For Water Agency Use Only

	Date:	By:
<input type="checkbox"/> Signed application received	_____	_____
<input type="checkbox"/> Two sets final drawings	_____	_____
<input type="checkbox"/> Insurance documents complete	_____	_____
<input type="checkbox"/> Preliminary Title Report	_____	_____

Application Accepted as Complete by _____ Date _____