



**PUBLIC WORKS DEPARTMENT**  
**One East First Street – 8<sup>th</sup> Floor**  
**PO Box 1900 Reno, NV 89505**  
**Phone: (775) 334-2548 Fax: (775) 334-1226**  
[caproj@reno.gov](mailto:caproj@reno.gov)

**ENCROACHMENT/EXCAVATION PERMIT AUTHORIZATION FORM**

(Please Print or Type)

Date: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR LICENSE # \_\_\_\_\_

RENO BUSINESS LICENSE # \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_,  
 (Print Name of Principal License Holder) (Print Business Name)

Do hereby authorize the following to act as my Agent(s) in submitting Encroachment and Excavation permit applications on behalf of my company, within the limits of the City of Reno. I understand that I am responsible for any applications/documents as submitted by my Agent(s). I understand that work completed under an approved permit will be subject to the bonding requirements of Reno Municipal Code 12.08.090 and will remain in effect until three years after the conditions and requirements of each permit are satisfied. It is agreed that the Agent(s) named below may act as the primary contact for request of information by City staff to complete applications. I understand that it is my responsibility to update my file with the City of Reno upon change of authorized agent status.

The persons named below are authorized and approved to submit permit application data and to obtain any Encroachment and Excavation Permits for the Licensed and Bonded Contractor:

1. \_\_\_\_\_  
 Print Name of Authorized Agent                      E-Mail Address                      Phone #
2. \_\_\_\_\_  
 Print Name of Authorized Agent                      E-Mail Address                      Phone #
3. \_\_\_\_\_  
 Print Name of Authorized Agent                      E-Mail Address                      Phone #
4. \_\_\_\_\_  
 Print Name of Authorized Agent                      E-Mail Address                      Phone #
5. \_\_\_\_\_  
 Print Name of Authorized Agent                      E-Mail Address                      Phone #

I the undersigned, representing the Licensed and Bonded Contractor, do hereby affirm that all information on this form are true and correct.

AUTHORIZED SIGNATURE (Principal Owner) - \_\_\_\_\_ DATE

PRINTED NAME - \_\_\_\_\_

STATE OF NEVADA    )  
                                   )ss  
 COUNTY OF WASHOE )

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 by \_\_\_\_\_ as \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public