

APPLICANT INFORMATION
 Creation / New Amendment / Existing

District Name				Phone Number			
Contact Name				Email			
Physical Address							
Street		City		State		Zip	
Billing Address (if different)							
Street		City		State		Zip	

DISTRICT INFORMATION

District Boundary Description <i>(Provide streets bounding on the north, west, south, and east.)</i>	
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PROJECT DESCRIPTION

Project Name							
Project Address							
Street		City		State		Zip	
Key Map Number				City Council District			
Project Summary <i>(Attach an additional sheet, if needed.)</i>							

ACKNOWLEDGEMENT

I am authorized by the management district to submit and sign this agreement.

Applicant Signature		Date	
Applicant's Name (print)		Title	

OFFICE USE

Date Processed		Processed By		Date Approved		Approved By	
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APPLICATION CHECKLIST

1. Application Form
2. **Exhibit A:** Boundaries of District Service Area
3. **Exhibit B:** District Improvements and Locations
4. **Exhibit C:** District Maintenance Obligations
5. **Exhibit D:** Insurance Certificates

All documentation should be mailed to the Houston Permitting Center or emailed to rightofway.encroachment@houstontx.gov.

Mailing Address:

Houston Permitting Center
 Engineering
 Attn: Encroachment
 1002 Washington Ave., 2nd Floor
 Houston, TX 77002