



# Encroachment Application

**ENGINEERING DIVISION**  
**Attn: Steve Jorschumb**  
1700 W. 98<sup>th</sup> Street  
Bloomington, MN 55431-2501  
Phone: 952-563-4870  
TDD: 952-563-8740  
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- CHECK ONE:**    **DECORATIVE DRIVEWAY ENCROACHMENT (FEE: \$100)**  
 **OTHER ENCROACHMENT (FEE: \$200)**

**PLEASE TYPE OR PRINT**

Applicant's name: \_\_\_\_\_ Title: \_\_\_\_\_

Property owner(s) of record: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*I hereby request that the City Council of the City of Bloomington approve an encroachment agreement for privately owned objects that are placed in a public right-of-way or public easement.*

Purpose of encroachment agreement: \_\_\_\_\_

\_\_\_\_\_

Submit the following with application:

- Non-refundable application fee listed above. Make check payable to "City of Bloomington."
- Written legal description of the area encroaching in public right-of-way or a public easement. Submit to Steve Jorschumb via email at [sjorschumb@ci.bloomington.mn.us](mailto:sjorschumb@ci.bloomington.mn.us) or attach on a separate sheet.
- One copy of a scaled drawing showing in full detail the encroachment area.
- Brief explanation as to the need for the encroachment.

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

----- **FOR OFFICE USE ONLY** -----

ENCROACHMENT NO. \_\_\_\_\_ DATE INITIATED \_\_\_\_\_

Fee of \$ \_\_\_\_\_ was received by \_\_\_\_\_

CITY ENGINEER: \_\_\_\_\_  Acceptable    Opposed    Conditional

Conditions: \_\_\_\_\_