

# CITY OF SPEARFISH ENCROACHMENT AGREEMENT APPLICATION



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Applicant Name (*please print*): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Printed name of the person who will sign the Encroachment Agreement:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

*(only required if signing on behalf of an LLC, or other corporate entity).*

Address where encroachment agreement is requested: \_\_\_\_\_

Will this result in the permanent use of City Property?            yes            no

If no, please indicate dates of encroachment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Please describe the proposed or existing use of City property you wish to secure with this permit:

\_\_\_\_\_

## **COMPLETE THIS SECTION FOR NEW CONSTRUCTION ONLY:**

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **IN ADDITION TO THIS COMPLETED APPLICATION, APPLICANT MUST PROVIDE THE FOLLOWING:**

- 1) \$100 Application Fee - check payable to City of Spearfish.
- 2) Scaled drawing indicating the size, location, and type of improvements within encroachment area plus overall dimensions of encroachment area.
- 3) Commercial property only: The City of Spearfish shall be added as an insured on the commercial liability policy for public liability and property damage with limits of \$1,000,000 per occurrence/ \$2,000,000 general aggregate coverage. This certificate shall be provided to the City after the encroachment agreement is approved and coverage shall remain in force for the duration of the encroachment.
- 4) If the applicant is an LLC or other corporate entity, provide a copy of the current year Annual Report on file with the South Dakota Secretary of State.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date