

**Exhibit D**

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

**Permit #** \_\_\_\_\_

**City of Wilson - Right of Way  
Minor Encroachment**

This encroachment, made and entered into between the **City of Wilson**, (City) and

Property Owner: \_\_\_\_\_ (Applicant)

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

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

The applicant desires to encroach on the right of way of the public road(s) in the

City of Wilson: \_\_\_\_\_ block of \_\_\_\_\_

located between \_\_\_\_\_

Purpose of encroachment \_\_\_\_\_

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Daily hours (if applicable): \_\_\_\_\_

Type of Encroachment: (Check all that apply)

Road Closure \_\_\_\_\_ Sidewalk Closure \_\_\_\_\_ Parking Space Closure \_\_\_\_\_

Pavement Cut \_\_\_\_\_ Dumpster \_\_\_\_\_ Other \_\_\_\_\_

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

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

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant will need city supplied Traffic Control Devices \_\_\_ yes \_\_\_ no (will supply own)  
(If yes, see rental fee schedule -Exhibit C)

Applicant agrees to the general guidelines as well as terms and conditions in exhibit A.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

City Engineer or Designee \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**\*\$50.00 permit application fee must be paid prior to approval**