



Encroachment Permit Application

Applicant

Contact Person: _____ Company: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Office Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Fax: (____) _____ - _____
 Email: _____ Occupational License Number (if applicable): _____
(Must have valid/current occupational license if being compensated)

Property Owner

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Office Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Fax: (____) _____ - _____
 Email: _____

Project Location

Address: _____ City: _____ State: _____ Zip: _____
 Location on Property: _____

Type of Encroachment

(Check all that apply)

Entrance/Curb Cut

- Residential
- Commercial/Business

Utility

- New Overhead
- New Underground
- Repair/Maintenance

Building/Grade Work

- Fill
- Landscape on Right of Way/Easement
- Structure in Right of Way/Easement
- Other _____

Pavement Cut

- Street
- Sidewalk
- Driveway
- Other _____

Encroachment Description:

*******NOTE*******
Please attach a descriptive drawing that shows the encroachment and its relation to any nearby existing utilities and/or structures. Application will not be approved without a drawing.

Proposed Start Date: _____

Proposed Completion Date: _____

Restoration Plan Attached

Traffic Control Plan Attached

(I/We) hereby certify that all the information contained in this application is true and complete to the best of my knowledge and (I/We) will comply with the terms and conditions under which the encroachment permit hereby applied for is issued. Furthermore, (I/We) agree to fully indemnify and hold harmless the City and all of its employees, officials and representatives from any claim, damage or injury to a person or property arising or alleged to arise from any work related to the approved encroachment or work thereof.

Applicant Signature: _____

Date: _____

Property Owner Signature: _____

Date: _____

Permit is hereby granted to perform such work. A copy of the permit, the application and the specification shall be available at the jobsite at all times.

Permit Approved By: _____

Date: _____

Final Inspection Approved By: _____

Date: _____

(Office Use Only) Requires Inspection Requires Bond/Insurance Requires Additional Plans (Traffic Control or Restoration)

Record/GBA Number: _____