



# 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: \_\_\_\_\_