



## ENCROACHMENT PERMIT APPLICATION

<b>A P P L I C A N T</b>	NAME	PHONE (CELL)	EMAIL		
	COMPANY NAME				JOB/TRACKING #
	MAILING ADDRESS	CITY	STATE	ZIP	

<b>C O N T R A C T O R</b>	NAME	PHONE (CELL)	EMAIL		
	COMPANY NAME				CSLB LICENSE CLASSIFICATION
	MAILING ADDRESS	CITY	STATE	ZIP	

<b>J O B</b>	LOCATION/ADDRESS	DURATION (DAYS)	START DATE	COMPLETION DATE
	DESCRIPTION			
	<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> RIGHT-OF-WAY USE <input type="checkbox"/> HYDRANT USE			

<b>C O N S T R U C T I O N</b>	<input type="checkbox"/> STREET OPENING  <input type="checkbox"/> NON-STREET OPENING	<input type="checkbox"/> ASPHALT  <input type="checkbox"/> CONCRETE  <input type="checkbox"/> LANDSCAPE	<input type="checkbox"/> EXCAVATION	PIT LENGTH
				PIT WIDTH
				PIT DEPTH
			<input type="checkbox"/> TRENCH	TRENCH LENGTH
				TRENCH DEPTH
			<input type="checkbox"/> BORE	BORE LENGTH
				BORE DEPTH
	<input type="checkbox"/> WATER METER  <input type="checkbox"/> WATER TAP			DIAMETER
	<input type="checkbox"/> BACKFLOW DEVICE			TYPE
	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT			DIAMETER
<input type="checkbox"/> TRENCHLESS			TYPE	
<input type="checkbox"/> COLLECTIONS CONNECTION	<input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACEMENT		<input type="checkbox"/> FRONT YARD <input type="checkbox"/> BACKYARD	

**ALL MUST BE ON FILE WITH THE CITY PRIOR TO ISSUANCE OF PERMIT**

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- APPROVED TRAFFIC CONTROL PLAN OR CA MUTCD TYPICAL ATTACHED (REQUIRED FOR STREET/NON-STREET CONSTRUCTION)
- PLAN ATTACHED
- CITY OF DAVIS BUSINESS LICENSE
- CERTIFICATE OF INSURANCE
  - GENERAL LIABILITY - \$500K COMBINED SINGLE LIMIT
  - STANDARD ACCORD FORM ON COMPANY LETTERHEAD
  - SIGNED BY AGENT
  - CITY OF DAVIS LISTED AS CERTIFICATE HOLDER
  - CITY OF DAVIS, ITS OFFICIALS, AGENTS, EMPLOYEES & VOLUNTEERS LISTED AS ADDITIONAL INSURED
  - ADDITIONAL INSURED ENDORSEMENT
  - A.M. BEST GUIDE RATING OF A-VII OR BETTER
  - ISSUE DATE, POLICY'S EFFECTIVE DATE, EXPIRATION DATE LISTED

COMMENTS/SKETCH/ADDITIONAL DETAIL

**RELATED BUILDING/PW PERMITS:** \_\_\_\_\_

**NOTICE TO PERMITTEE**

1. *Adequate protection for pedestrians and traffic must be maintained at all times.*
2. *Minimum notification for inspection shall be **forty-eight (48) hours** (directly call mobile number provided at issuance).*
3. *All work shall be done in accordance with Standard Plans and Specs, unless deviations are approved by the Public Works Director and noted hereon.*
4. *Permit must be available for inspection at all times. All oversized loads shall require a separate Transportation Permit issued by Public Works.*
5. *Conditions specific to the proposed use of the Right of Way will be indicated on the Permit.*

*I hereby acknowledge that I have read this application and that the above is correct and I agree to comply with all City Ordinances, Specifications and Conditions of this Permit.*

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_