



ENCROACHMENT PERMIT APPLICATION

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

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

J O 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			

C O N S T R U C T I O N	<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
				TYPE
	<input type="checkbox"/> BACKFLOW DEVICE		<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT	DIAMETER
			TYPE	
<input type="checkbox"/> COLLECTIONS CONNECTION	<input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> TRENCHLESS	<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:** _____