

ENCROACHMENT PERMIT APPLICATION

7/18/13 REVISION

PERMIT# _____

Reference _____

Permission is requested to encroach on the County Highway Right of Way as follows: (Please complete all items-use NA if not applicable).
 Application is not complete until all required attachments are included.

Location: Road address and cross street	City
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Work to be performed by: <input type="checkbox"/> OWN FORCES <input type="checkbox"/> CONTRACTOR LICENSE#: _____ EXP DATE: _____ PHONE: _____	Estimated Start Date: _____ Est. Completion Date: _____
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Traffic Closure <input type="checkbox"/> Road <input type="checkbox"/> Lane <input type="checkbox"/> N/A	City Hookup Fees Receipt <input type="checkbox"/> Attached <input type="checkbox"/> N/A	Proposed Pavement Restoration <input type="checkbox"/> Attached <input type="checkbox"/> N/A				
EXCAVATION	Max. Depth	Ave. Depth	Ave. Width	Length	Ex. Surface Type	USA Verification No.
PIPES	Type	Diameter	Voltage/PSIG	Usage (Gas/Water/etc.)		

FULLY DESCRIBE WORK WITHIN COUNTY RIGHT OF WAY IS ANY WORK BEING DONE ON APPLICANTS PROPERTY?
 Attach complete plans (2 Sets), specs, calcs, maps, etc., - if applicable YES NO
Include a signed Traffic Control Plan (Shall conform to the current Ca. MUTCD)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> (E) ELECTRIC
<input type="checkbox"/> (G) GAS
<input type="checkbox"/> (T) TELEPHONE
<input type="checkbox"/> (W) WATER
<input type="checkbox"/> (SS) SANITARY SEWER
<input type="checkbox"/> (SD) STORM DRAIN
<input type="checkbox"/> (CTV) CABLE TV | <input type="checkbox"/> (I) IRRIGATION PIPE
<input type="checkbox"/> (RA) SIDEWALK/GUTTERS
<input type="checkbox"/> (RA) TRANSITION PAVING
<input type="checkbox"/> (RA) MAIL BOX
<input type="checkbox"/> (RA) MAINT EX LANDSCAPING
<input type="checkbox"/> (RA) MAINT, CONST, RECONST,
RESURFACING OF DRIVEWAY
OR ROAD APPROACH | <input type="checkbox"/> (RA) REGULATORY, WARNING &
INFORMATION SIGNS
<input type="checkbox"/> (RA) MODIFICATION
OF TRAFFIC CONTROL
SYSTEMS
<input type="checkbox"/> (O) SURVEY
<input type="checkbox"/> (O) PARADES,
CELEBRATIONS | <input type="checkbox"/> (O) BLOCK PARTY
<input type="checkbox"/> (O) MOVIE, TV
<input type="checkbox"/> (O) EROSION CONTROL
<input type="checkbox"/> (O) GEOPHYS/VIBROSIS
<input type="checkbox"/> (O) UNDESIREABLE |
|---|--|---|--|

THE UNDERSIGNED AGREES THAT THE WORK WILL BE DONE IN ACCORDANCE WITH COUNTY RULES AND REGULATIONS AND SUBJECT TO INSPECTION AND APPROVAL

Organization or Applicant	Phone	Architect, Engineer or Project Manager	Phone
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Address _____

Authorized Signature	Date	Title	Print Name
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WORKERS COMPENSATION DECLARATION (Must Complete and Sign)

I hereby affirm under penalty of perjury one of the following declarations:

_____ I have and will maintain a certificate of consent to self-insure for workers compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

_____ I have and will maintain workers compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers compensation insurance carrier and policy number are:

Carrier _____ Policy Number _____

_____ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers compensation laws of California, and agree that if I should become subject to the workers' compensation provision of section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date _____ Applicant Signature _____

WARNING: Failure to secure worker's compensation coverage is unlawful and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensations and damages as provided for in Section 3706 of the Labor Code, interest and attorney fees