ENCROACHMENT PERMIT APPLICATION

ENGINEERING CITY OF VISALIA

315 East Acequia Avenue Visalia, CA 93291 (559) 713-4444



| PERMIT NO. | | | | | | | | | | |
|---|--------|-------------|--------|--|--|--|--|--|--|--|
| FOR CITY USE -FEES | | | | | | | | | | |
| | AMOUNT | RECEIPT NO. | | | | | | | | |
| Application Inspection Field Work | | | • • | | | | | | | |

□ Standard Permit □ Permit Extension Utility Annual Permit Work

Permission is requested to encroach on the City street or alley right of way as follows: (Complete all items: NA if not applicable.)

| | APP | LICATION ! | IS NOT COME | PLETE UNTIL | ALL REQUIRED A | TTACH | IMENTS ARE | INCLUDE | D | | |
|--|--------------|------------|------------------------|---|------------------------------------|--|--------------------|----------------|--------|-----------------------------------|--|
| Project Location (ad | | | | | | Assessors Parcel Number (APN): Today's Date: | | | | | |
| Cross Street (distance and direction from site): | | | | 5. Portion of Right of Way (shoulder, sidewalk, roadway, etc.): | | | | | | | |
| 6. Work to be Perform | ed By: | | | | | 7. Foreman: | | | | | |
| ☐ Own Forces ☐ Other: Contractor Name Phone No. | | | | Name: Contact 24-Hr Phone: | | | | | | | |
| | | | | | | | | | | _ | |
| - | | | | | | | | AM | | PM | |
| ☐ Excavation☐ Boring | 12. Max. Dep | th (ft) | 13. Average D | Depth (ft) | 14. Average Width (| (ft) | t) 15. Length (ft) | | 16. S | 16. Surface Type (AC, dirt, etc.) | |
| PIPES | 17. Type | | | 18. Diameter | | 19. Vol | 19. Voltage/PSIG | | 20. P | roduct | |
| 21. CHECK THE APPROPRIATE CATEGORIES BELOW WHICH DESCRIBE THE PROJECT: New Construction | | | | | | | | | | | |
| | | | | | | | | | | | |
| 23. IS THE COUNTY / STATE OR OTHER AGENCY INVOLVED? (Permits, Approval, etc.): | | | | proval, etc.): | Yes or No List: | | | | | | |
| 24. RELATED BUILD | ING PERMIT N | O.: | | | | | circle | | | | |
| 25. The Contractor i and <u>Worker's Comp</u> | | | | | | | | | al & A | Auto Liability Insurance | |
| BUSINESS LIC. EXP.: | | W.C. INS | S. EXP.: | | AUTO INS. EXP.: | | GEN | I. LIABILITY E | XP.: _ | <u></u> | |
| Initials | | | EAD THE C S AND CON | | ALIA ENCROAC | HMEN | IT PERMIT P | OLICY | MAN | UAL AND AGREES | |
| | | | | | the work will be Regulations, a | | | | | | |
| Contractor or Applicant | | | | <u>·</u> | Company: | | • | | | Phone: | |
| Address | | | | | City | | | State | | Zip | |
| Authorized Signature: | | | | | Contractor License I | No. Email Address: | | SS: | | | |
| Print Name: | | | Title: | Date: | | | | | | | |