ENCROACHMENT PERMIT APPLICATION

ENGINEERING CITY OF VISALIA

Standard Permit

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



PERMII NO.									
FOR CITY USE -FEES									
	AMOUNT	RECEIPT NO.							
Application Inspection Field Work			- - -						

☐ 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 COM	<u>IPLETE UNTIL</u>	ÁLĽ REQUIRED A	TTACH	IMENTS ARE	INCLUDED)		
Project Location (act	dress or street	name):				2. Asse	Assessors Parcel Number (APN): 3. 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	ned By:					7. Foreman:					
☐ Own Forces □	☐ Other: Contra	actor Name _				Name:					
Phone No				Contact 24-Hr Phone:							
8. Est. Starting Date: 9. Est. Completion Date:			10. Duration of Wo				sed W	Vork Hours:			
							AM		PM		
☐ Excavation	12. Max. Dep	th (ft)	13. Average	Depth (ft)	14. Average Width ((ft)	15. Length (ft)		16. S	urface Type	AC, dirt, etc.)
☐ Boring											
PIPES	17. Type	17. Type		18. Diameter		19. Voltage/PSIG		2	20. Product		
21. CHECK THE APP New Construction Maintenance or Repair Curb/gutter, driveway is street Surfacing	r approach, sidewalk,	, curb returns		☐ Street Light ☐ Sewer main ☐ Storm drain ☐ Water main	t(s) n, lateral n, lateral, inlet n, service, BFP		Fire Hydrant(s) Tree trimming	_ F	Public Other	signs, banners, utility mod, ext, I	hookup
23. IS THE COUNTY	STATE OR OT	THER AGEN	ICY INVOLVE	D? (Permits, App	oroval, etc.):	Yes	No	List:			<u> </u>
24. RELATED BUILD	ING PERMIT N	O.:									
25. The Contractor and Worker's Comp									I & A	uto Liabilit	y Insurance
BUSINESS LIC. EXP.:		W.C. IN	S. EXP.:		AUTO INS. EXP.:		GEI	N. LIABILITY EX	XP.: _		
Initials	_	_		CITY OF VISANDITIONS.	ALIA ENCROAC	HMEN	T PERMIT F	POLICY M	IAN	UAL AND	AGREES
					t the work will b d Regulations, a						salia
Contractor or	Applicant	(Select one of	or both):		Company:					Phone:	
Address				-	City		-	State		Zip	
Authorized Signature:					Contractor License	No.		Email A	ddres	is:	
Print Name:					Title:				Date:		