

Accepted By:

Insurance on file?

Road Moratorium?

☐ Yes

☐ Yes

Final Insp. Cleared:

Receipt #:

City of	Belvedere	Town of Ross	EP No:		
City of	Larkspur	Town of Fairfax		A / B	
City of	Mill Valley	Town of Corte Madera	a		
City of	Novato	Town of San Anselmo)		
City of	San Rafael *	Town of Tiburon			
City of	Sausalito	County of Marin			

Application:

Total:

Plan Review & Inspection:

* Contact City Public Works for Specific Encroachment Permit Application UNIFIED APPLICATION FOR ENCROACHMENT PERMIT APPLICATION DATE: LOCATION OF WORK OR ENCROACHMENT: Street City/Township CROSS STREET: ESTIMATED COST: STARTING DATE: COMPLETION DATE: PROPERTY OWNER'S NAME AND ADDRESS (If Different from Applicant): THE UNDERSIGNED HEREBY APPLIES FOR PERMISSION TO PERFORM THE FOLLOWING DESCRIBED WORK AND/OR OTHERWISE ENCROACH ON A LOCAL AGENCY RIGHT-OF-WAY (ROW): **DESCRIPTION OF WORK OR ENCROACHMENT (Include plans or sketch):** Check all that apply to the project and provide a written description: ☐ Driveway Approach ☐ Sidewalk ☐ ADA Pedestrian Ramp ☐ Debris Box ☐ Curb & Gutter ■ Water Service ☐ New Utilities ☐ Special Event ☐ Sewer Improvement Excavation ☐ Landscaping ☐ Other (Please Describe) **Describe:** Road Surface Type: **Asphalt** Concrete Other: Trenching Work: Surface Thickness: Yes No Linear Feet: Traffic Control Plan: Yes No Applicant agrees that all work will be performed in accordance with the rules, regulations and standards of the Local Agency Department of Public Works and any Local Municipal Code. All work shall be subject to inspection and approval by the Department of Public Works. Applicant shall indemnify, defend and hold the Local Agency, its officers, agents and employees harmless from any and all claims, suits or liability, including, but not limited to, litigation costs and attorney's fees which the Local Agency may incur as the result of any and all claims and suits for personal injury, property damage or inverse condemnation by reason of applicants placement of/or maintenance of encroachments authorized by this permit. No work shall commence until permit is issued. APPLICANT'S NAME / COMPANY (PLEASE PRINT): Contractor License No: CONTRACTOR'S NAME: APPLICANT'S MAILING ADDRESS: AGENCY: CONTACT NUMBERS: Daytime Phone Email APPLICANT'S SIGNATURE: For Agency Use Only Fees:

Encroachment Permit Conditions

☐ Construction Standard(s):					
☐ General Conditions:					
☐ Comprehensive General Liability insurance in amounts not less than \$1,000,000 combined single limit applying to bodily injury, personal injury and property damage are required.					
☐ Additional Insured Endorsement: The local agency must be named as an additionally insured on a separate endorsement sheet that modifies the general liability policy.					
☐ Contact local Police Department, Fire Department, and Parking Services prior to start of work.					
☐ The Contractor shall maintain local access and provide emergency vehicle access at all times.					
☐ Compaction test is required and shall be submitted to local Public Works Department.					
☐ Provide a traffic control plan per the Manual on Uniform Traffic Control Devices (MUTCD).					
☐ Provide safe pedestrian and wheelchair access, per ADA and State requirements, during construction.					
☐ All work shall be performed between the hours of and					
☐ Please contact prior to start of work and for final inspection.					
☐ Planning review required: YES / NO					
☐ Special Conditions:					
Encroachment Permit Approval					
Approved By: Date:					
Inspected By: Date:					