

**ENCROACHMENT PERMIT
APPLICATION**

THIS PERMIT MUST BE AVAILABLE AT THE JOB SITE AND MUST BE AVAILABLE TO INSPECTORS

Date Issued _____ **PERMIT NO.** _____

The undersigned hereby requests permission to encroach on the following public street, alley, easement or other public place at the described location: _____

For the purpose of (Describe fully work proposed to be done. Applicant shall attach copies of plans for all work required): _____

Trench excavation to be _____ feet long, by _____ feet wide

Contractor _____ Business Lic. # _____

Contractor's License # _____ Name(s) _____ Type _____

Address _____ Phone No. () _____

Note: Pursuant to Section 4.155.210 of the Municipal Code, no person shall engage in business in the City without first paying for and receiving a City business license.

Pursuant to Section 6-8.1 of the City of San Buenaventura Special Provisions, the contractor shall remedy any defects in the work and pay for any damage to other work resulting therefrom, which shall appear within a period of one year from the date of final acceptance of the work unless a longer period is specified. The owner will give notice of observed defects with reasonable promptness.

It is understood that any permit granted by virtue of this request is revocable at the sole discretion of the City, and that the same shall be void unless the work has been completed on or before _____, 20____.

In consideration for issuance of this permit Permittee agrees to hold the City harmless from any claims or judgments for damages or other relief against the City as a result of acts or omissions of the permittee in the performance of encroachment work whether the condition giving rise to the claim or judgment was created in whole or in part by the permittee.

**CONTACT THE CITY 24 HOURS PRIOR TO START OF CONSTRUCTION AT: (805) 218-4111 OR (805) 654-7894
CONTACT USA UNDERGROUND SERVICE ALERT TOLL FREE 48 HRS. PRIOR TO DIGGING 1-800-227-2600**

By signing this permit, you agree to abide by all requirements of the City of Ventura Municipal Code and that you have read and understand all of the attached conditions.

Applicant _____ Street Address _____

By _____ City _____ Zip _____

Work Phone: () _____ Emergency Phone: () _____

Cell/Pager No. () _____ FAX No. () _____

Permission is hereby granted to perform the work in accordance with the above request, subject to attached conditions.

By _____

Date _____

Encroachment
Permit Fee: \$ _____
Other: \$ _____
TOTAL FEE \$ _____

Bond On File Required
Insurance
Traffic Control Plan

INSPECTION REPORT

Date	Comments
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Work Completed _____

Inspector _____ Date _____