



Encroachment Permit

Development Services Division

APPLICATION

PERMITTEE: _____ EMAIL: _____

COMPANY: _____ DATE: _____

ADDRESS: _____ CONTRACTOR LIC#: _____

_____ WORKMAN'S COMP#: _____

DAYTIME PHONE: _____ EMERGENCY PHONE: _____

JOB LOCATION: _____

DESCRIBE WORK OR ACTIVITY WITHIN THE PUBLIC RIGHT-OF-WAY: (attach **3** copies of plans showing work)

- | | | |
|--|--|---|
| <input type="checkbox"/> CITY PROJECT. ACCT# _____ | <input type="checkbox"/> PEDESTRIAN RAMP | <input type="checkbox"/> STREET IMPROVEMENT |
| <input type="checkbox"/> CURB CORE | <input type="checkbox"/> POOLS / DEBRIS | STREET# _____ |
| <input type="checkbox"/> CURB & GUTTER | <input type="checkbox"/> ROLL-OFF DUMPSTER | <input type="checkbox"/> TRAFFIC CONTROL |
| <input type="checkbox"/> DRIVEWAY APPROACH | <input type="checkbox"/> SEWER LATERAL | <input type="checkbox"/> TREE TRIMMING |
| <input type="checkbox"/> LANDSCAPE MAINTENANCE | <input type="checkbox"/> SEWER MAIN. PC# _____ | <input type="checkbox"/> UTILITIES |
| ZONE/DIST _____ | <input type="checkbox"/> SIDEWALK | UTILITY NAME _____ |
| <input type="checkbox"/> NEWS RACK | <input type="checkbox"/> STORM DRAIN | |
| <input type="checkbox"/> OTHER (DESCRIBE BELOW) | MTD/PD# _____ | |

Estimated Start Date: _____ Estimated Completion Date: _____

Use back side of sheet if you need more room. * **Public Improvements Construction Cost \$:** _____

APPLICANT'S DECLARATION

I hereby make application for permit to encroach into the public right-of-way at the described location(s). It is agreed by the applicant that the City of Santa Clarita and any of its officers or employees thereof shall be held harmless by the applicant from any liability or responsibility for any accident, loss or damage to persons or property, occurring as the proximate results of any of the work undertaken under the terms of this application and that all of said liability is hereby assumed by the applicant. Permit void if work is not started and inspection not requested within 60 days of date of permit issuance. I am/we are aware of, and will comply with, section 3800 of the labor code, regarding liability insurance for Worker's Compensation or to undertake self-insurance before commencing any of the work.

**Call (661) 286-4123
24 hours prior to all required inspections**

Signature of Permittee: _____ Date: _____