



City of
SANTA CLARITA
 Engineering Services
 Phone: (661) 286-4060
 www.santa-clarita.com

UTILITY ENCROACHMENT PERMIT APPLICATION

(Do not use this application for public improvements)

PROJECT INFORMATION	FOR STAFF USE ONLY
Date:	Record No.:
Project Name:	ENC
Project Description:	Inspector:
	Subject to Moratorium: Yes <input type="checkbox"/> No <input type="checkbox"/>

PROJECT LOCATION	
Nearest APN(s):	Job Location:

APPLICANT INFORMATION			
Name:	Address:		
Company:	City:	State:	Zip:
E-mail:	Phone:	Cell:	

RECORD SPECIFIC INFORMATION (UTILITY ENCROACHMENT PERMIT)			
Type of Activity (select one): <input checked="" type="checkbox"/> Utility Maintenance – to be billed	Utility Name: (select one): <input type="checkbox"/> AT&T <input type="checkbox"/> Castaic Lake Water Agency <input type="checkbox"/> Charter Communications, Inc. <input type="checkbox"/> Newhall County Water <input type="checkbox"/> Santa Clarita Water Company <input type="checkbox"/> Southern California Edison <input type="checkbox"/> Southern California Gas <input type="checkbox"/> Valencia Water Company	24-hour Contact Name:	Est Construction Start Date:
City Project: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Account #:		24-hour Contact Number:	

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. The permit will be voided if work is not started, and inspection is 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

Signature of Permittee: _____ Date: _____

**ALTHOUGH EVERY EFFORT WILL BE MADE TO ISSUE THE ENCROACHMENT PERMIT AS SOON AS POSSIBLE,
 PLEASE ALLOW 48 HOURS AFTER SUBMITTING THIS APPLICATION FOR PERMIT PROCESSING.**