ENCRYPOMENT PERMIT (APPLICATION)

city of san luis obispo
Public Works Department • 919 Palm Street • San Luis Obispo, CA 93401-3218

Location: ____________________________
X-streets: ____________________________
Project Name: ________________________
Permittee: ____________________________
Address: _____________________________
City/ST/Zip: _________________________
Phone: ______________________________
Emergency: _________________________ Fax: _____________________________

Other permits required
Caltrans: ______
Fire Dept: ______
Bldg Dept: ______
OSHA: ______
USA#: ___________________

Insurance: ____________________________ Expires: __________________________
Policy #: ___________________________ Endors #: __________________________

Owner: _____________________________ Phone: ___________________________

Sidewalk, Length Width Description of Work
Curb/Gutter: _______ x _______ ____________________________
Driveway: _______ x _______ ____________________________

Exc/encr: _________ Trench __________ Bore __________
Water: _____________
Sewer: _____________
Fire Svc: ____________
Other Util: ____________

Curb Ramps: _______ Sewer Wye: _______
Fiber Infrastructure Protection Fee: _______
Parking Meter Fee: ____ days ____ meters
Blanket Utility Company Permit: _______

Traffic Delineation Plan Required: ______
Approved by: _______________ on: ____________

All work performed within the right-of-way shall conform to the City of San Luis Obispo Engineering Standard Details and Standard Specifications.
You are responsible for liability for personal injury and/or property damage caused by this work or your failure to do what you are obligated to do. If a claim of such liability is made against the City or any of its departments, officers, or employees, you shall, and hereby agree to, defend and indemnify the City and hold the City harmless from any claims, including costs of defense and attorney fees. All work shall be completed and the right-of-way restored by: Date __________________________

AGREEMENT: I have read this permit and acknowledge receipt of the City of San Luis Obispo Encroachment Permit General Provisions and ______ pages of attached special conditions which I have read, agree to, and acknowledge as a part of this permit.

SIGNATURE __________________________ Date ________________
Print Name __________________________
DEPT. of PUBLIC WORKS
ISSUED BY __________________________ Date ________________

The City of San Luis Obispo is committed to include the disabled in all of its services, programs and activities. Telecommunications Device for the Deaf (805) 781-7410.