



# City of Grover Beach

## DEPARTMENT OF PUBLIC WORKS

### ENCROACHMENT PERMIT APPLICATION

Before you perform ANY construction or maintenance work in the public right-of-way, you must have a valid encroachment permit issued by the Public Works Department. Please note this application is not complete until all required attachments are received.

Job Location: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Ending Date: \_\_\_\_\_

#### Scope of Work:

- Sewer Lateral, Length: \_\_\_\_\_ feet
- Fire Protection Line, Length: \_\_\_\_\_ feet
- Curb, Gutter, Sidewalk, Length: \_\_\_\_\_ feet     Monolithic pour    OR     Two pours
- Sewer, Water, Storm Drain and Utility Extension, Length: \_\_\_\_\_ feet
- Traffic Control Inspection and Verification, Number of Days: \_\_\_\_\_
- Temporary Placement of Storage Container: \_\_\_\_\_ # of debris boxes / moving containers
- Sidewalk Obstructions: \_\_\_\_\_ # of scaffoldings    OR    \_\_\_\_\_ # of tables
- Special Event (parade, sales, festivals, rallies), Date: \_\_\_\_\_
- Description / Other: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_ Class(es): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

City of Grover Beach Business Tax Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Excavating? Please call (800) 227-2600 Underground Service Alert (USA) Number: \_\_\_\_\_

**This is an application only.** I hereby certify that I have read and examined this application and know the same to be true and correct. In signing below, I understand and agree that NO work is to be performed until this application is fully executed.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

(Please sign)

#### Please Attach the Following Documentation

- Site Plan/Drawing
- Certificate of Insurance-naming City as additional insured, \$2,000,000 per occurrence. Exp. Date \_\_\_\_\_
- Proof of Workers' Compensation Insurance. Expiration Date \_\_\_\_\_
- Other: \_\_\_\_\_

