

- City of Belvedere
- City of Larkspur
- City of Mill Valley
- City of Novato
- City of San Rafael *
- City of Sausalito

- Town of Ross
- Town of Fairfax
- Town of Corte Madera
- Town of San Anselmo
- Town of Tiburon
- County of Marin

EP No: _____
A / B

* Contact City Public Works for Specific Encroachment Permit Application

UNIFIED APPLICATION FOR ENCROACHMENT PERMIT

APPLICATION DATE: _____ APN: _____

LOCATION OF WORK OR ENCROACHMENT: _____

No. Street City/Township

CROSS STREET: _____ ESTIMATED COST: \$ _____

STARTING DATE: _____ COMPLETION DATE: _____

PROPERTY OWNER'S NAME AND ADDRESS (If Different from Applicant): _____

THE UNDERSIGNED HEREBY APPLIES FOR PERMISSION TO PERFORM THE FOLLOWING DESCRIBED WORK AND/OR OTHERWISE ENCROACH ON A LOCAL AGENCY RIGHT-OF-WAY (ROW):

DESCRIPTION OF WORK OR ENCROACHMENT (Include plans or sketch):

Check all that apply to the project and provide a written description:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Driveway Approach | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> ADA Pedestrian Ramp | <input type="checkbox"/> Debris Box |
| <input type="checkbox"/> Curb & Gutter | <input type="checkbox"/> Water Service | <input type="checkbox"/> New Utilities | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Sewer Improvement | <input type="checkbox"/> Excavation | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Other (Describe) |

Describe: _____

Road Surface Type: Asphalt Concrete Other: _____

Trenching Work: Yes No Linear Feet: _____ Surface Thickness: _____

Traffic Control Plan: Yes No

Applicant agrees that all work will be performed in accordance with the rules, regulations and standards of the Local Agency Department of Public Works and any Local Municipal Code. All work shall be subject to inspection and approval by the Department of Public Works. Applicant shall indemnify, defend and hold the Local Agency, its officers, agents and employees harmless from any and all claims, suits or liability, including, but not limited to, litigation costs and attorney's fees which the Local Agency may incur as the result of any and all claims and suits for personal injury, property damage or inverse condemnation by reason of applicants placement of/or maintenance of encroachments authorized by this permit. No work shall commence until permit is issued.

APPLICANT'S NAME / COMPANY (PLEASE PRINT): _____

CONTRACTOR'S NAME: _____ Contractor License No: _____

APPLICANT'S MAILING ADDRESS: _____

AGENCY: _____

CONTACT NUMBERS: _____

Daytime Phone Fax Email

APPLICANT'S SIGNATURE: _____

| | | | | |
|---|---|--|---------------------------------|-------|
| For Agency Use Only | | | | Fees: |
| Accepted By: _____ | | | Application: _____ | |
| Insurance on file? <input type="checkbox"/> Yes <input type="checkbox"/> No | Final Insp. Cleared: <input type="checkbox"/> | | Plan Review & Inspection: _____ | |
| Road Moratorium? <input type="checkbox"/> Yes <input type="checkbox"/> No | Receipt #: _____ | | Total: _____ | |

Encroachment Permit Conditions

- Construction Standard(s): _____
- General Conditions: _____
- Comprehensive General Liability insurance in amounts not less than \$1,000,000 combined single limit applying to bodily injury, personal injury and property damage are required.
- Additional Insured Endorsement: The local agency must be named as an additionally insured on a separate endorsement sheet that modifies the general liability policy.
- Contact local Police Department, Fire Department, and Parking Services prior to start of work.
- The Contractor shall maintain local access and provide emergency vehicle access at all times.
- Compaction test is required and shall be submitted to local Public Works Department.
- Provide a traffic control plan per the Manual on Uniform Traffic Control Devices (MUTCD).
- Provide safe pedestrian and wheelchair access, per ADA and State requirements, during construction.
- All work shall be performed between the hours of _____ and _____.
- Please contact _____ prior to start of work and for final inspection.
- Planning review required: YES / NO
- Special Conditions: _____

Encroachment Permit Approval

Approved By: _____

Date: _____

Inspected By: _____

Date: _____