

- **ALL INSURANCE REQUIREMENTS MUST BE SATISFIED**
- **CONSTRUCTION PLANS MUST BE SUBMITTED WITH APPLICATION**
- **TRAFFIC CONTROL PLANS MUST BE SUBMITTED IF APPLICABLE**

Encroachment Location: _____

Job Description: _____

Job Duration: _____

Property Owner

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Mobile: _____ Email: _____

Applicant Same as Property Owner **(Authorized Agents)** need authorization letter on contractor letter head

Company Name: _____ Representative: _____

Address: _____ City: _____ Zip: _____

City Business Lic. No. _____ CSLB Lic. No. _____ Class: _____

Phone: _____ Mobile: _____ Email: _____

Job Site Contact Name: _____ Phone: _____

Contractor Same as Applicant

Company Name: _____ Representative: _____

Address: _____ City: _____ Zip: _____

City Business Lic. No. _____ CSLB Lic. No. _____ Class: _____

Phone: _____ Mobile: _____ Email: _____

Job Site Contact Name: _____ Phone: _____

Owner/Agent Signature *(Required to be filled out by contractor, owner or agent)*

I, (PRINT NAME) _____ hereby make application to excavate and/or encroach in the Public Road/Right-of-Way at the location(s) and as described herein, subject to the provisions required by Chapter 18.100, of the City of San Buenaventura Municipal Code, applicable State or Federal Regulations, AND ANY SPECIFIED REQUIREMENTS ATTACHED HERETO.

In consideration for issuance of this permit Permittee agrees to hold the City harmless from any claims or judgments for damages or other relief against the City as a result of acts or omissions of the permittee in the performance of encroachment work whether the condition giving rise to the claim or judgment was created in whole or in part by the permittee.

Signed: _____ Date: _____

OFFICE USE:

INS CBL CSLB OB TCP PLANS LOA

ENCR -

COST: \$