PERMIT NO:

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| **CITY OF TULARE- ENGINEERING**  co2 | | | | | | | | | FOR CITY USE - FEES | | | | | | |
| ENCROACHMENT PERMIT APPLICATION | | | | | | | | |  | | | AMOUNT | | | RECEIPT NO. |
| 411 EAST KERN AVENUE | | | | | | | | | Application | | |  | | |  |
| TULARE, CA 93274 | | | | | | | | | Inspection | | |  | | |  |
| (559)-684-4207  encroachmentpermits@tulare.ca.gov | | | | | | | | | Field Work | | |  | | |  |
| Permission is requested to encroach on the City street or alley right of way (R/W) as follows: (Complete all items: NA if not applicable.) Application is not complete until all required attachments are **INCLUDED (See attached checklist).** | | | | | | | | | | | | | | | |
| 1. Address: | | | | | | | | | | | | | | | |
| 2. Location of Work (If no address): | | | | | 3. Cross Street (distance/direction from site): | | | | | | | | | | |
| 4. Portion of Right of Way: | | | | 5. Work to be Performed By: | | | | | | | | | | | |
| Own Forces | | | Contractor Name: | | | | | |  | | |
| 6. Est. Starting Date: | | 7. Est. Completion Date: | | | | | | 8 Est. Cost in City R/W: | | | | | | | |
| EXCAVATION | 9. Max. Depth (ft.) | | 10. Average Depth (ft.) | | | 11. Average Width (ft.) | | | | | 12. Length (ft.) | | | | 13. Surface Type |
| PIPES | 14. Type | | | 15. Diameter | | 16. Voltage/PSIG | | | | | 17. Product | | | | |
| 18. CHECK THE APPROPRIATE CATEGORIES BELOW WHICH DESCRIBE THE PROJECT: | | | | | | | | | | | | | | | |
| New Construction | | Street Light(s) | | | | Fire Hydrant(s) | | | | | | | | Flags, Signs, | |
| Maintenance or Repair | | Sewer Main(s) | | | | Regulatory, Warning | | | | | | | | Banner(s), | |
| Curb and Gutter(s) | | Sewer Lateral(s) | | | | Information Signs | | | | | | | | Decoration(s) | |
| Driveway Approach(es) | | Storm Drain(s) | | | | Modification – Traffic | | | | | | | | Public Utility | |
| Sidewalk(s) | | Storm Drain Lateral(s) | | | | Control System(s) | | | | | | | | Modifications, | |
| Ramped SW Return(s) | | Storm Drain Inlet(s) | | | | Modification of Traffic | | | | | | | | Extension(s), | |
| Street Trees | | Water Main(s) | | | | Survey(s) | | | | | | | | Hookup(s) | |
| Street Surfacing | | Water Service(s) | | | | Temporary Signal(s) | | | | | | | | Other: | |
| 19. FULLY DESCRIBE WORK WITHIN CITY Street or Alley Right of Way: Attach complete plans (3 sets folded 8 ½” x 11”), specifications, calculations, maps, traffic control plan, etc., if applicable. Traffic control plans shall be in accordance with the current edition of the California Department of Transportation “Manual of Uniform Traffic Control Devices.” A vicinity map is required with all applications. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 20. IS THE COUNTY/STATE OR OTHER AGENCY INVOLVED? (Submit Permits, Approval) | | | | | | | | | | | | | | | |
| 21**. LICENSES TO ENCROACH** are NOT valid WITHOUT an Underground Service Alert (USA) Number: Call 1-800-227-2600  USA NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATED BUILDING PERMIT NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note: The Contractor is required to have a valid City of Tulare Business License, current copies of Certificate of General & Auto Liability Insurance and Worker’s Compensation on file with the City of Tulare prior to issuance of permits.  Business Lic. Exp: W.C. Ins. EXP: AUTO INS. EXP: GEN. LIABILTY EXP: | | | | | | | | | | | | | | | |
| **THE UNDERSIGNED AGREES THAT THE WORK WILL BE DONE IN ACCORDANCE WITH THE CITY OF TULARE ENCROACHMENT PERMIT AND ALL RULES AND REGULATIONS AND SUBJECT TO INSPECTION, APPROVAL AND ACCEPTANCE** | | | | | | | | | | | | | | | |
| Contractor/Applicant: | | | | | Architect, Engineer or Utility Co.: | | | | | | | | | | |
| Phone: ( ) - | | | | | Address (include city and zip code) | | | | | | | | | | |
| Contractor’s License No.: | | | | |
| **I request permission for my Contractor to perform the described work in the City right of way adjacent to my property** | | | | | | | | | | | | | | | |
| Authorized Signature: | | | | | | | | | | | | | | | |
| Print Name Phone Number | | | | | | | | | | Date: | | | | | |