

CITY OF SAN JUAN CAPISTRANO

32400 Paseo Adelanto, San Juan Capistrano, CA 92675

Tel: (949) 493-1171 pwpermits@sanjuancapistrano.org



PERMIT NO.: _____

ISSUE DATE: _____

EXPIRATION DATE: _____

ENCROACHMENT PERMIT FOR WORK IN THE PUBLIC RIGHT OF WAY

City Website: www.sanjuancapistrano.org

Location of Work: _____ Project: _____

Owner: _____ Owner Address: _____

Contractor: _____ Contr. Phone No.: _____

Contr. Address _____ Contr. License No.: _____

City Business Lic No.: _____

24-Hr. Contact Name: _____ 24-Hr. Phone No.: _____

Comments: _____ 24-Hr. Email: _____

TYPE OF WORK	REQUIRED SUBMITTALS:			
	Approved Plan	Traffic Control Plan	Insurance Certificate	Deposit/Bond
<input type="checkbox"/> Excavation	CalOSHA	Caltrans	Archaeologic Monitor	Other:
<input type="checkbox"/> Haul Route	WORK IS SCHEDULED TO BEGIN: _____ ESTIMATED COMPLETION DATE: _____			
<input type="checkbox"/> Sewer/Water	DESCRIPTION:			
<input type="checkbox"/> Curb/Gutter				
<input type="checkbox"/> Paving				
<input type="checkbox"/> Utility				
<input type="checkbox"/> Other:				

CONDITIONS OF THIS PERMIT

1. Permittee shall comply with all approved plans, attachments, and conditions.
2. Lane closures 8:30 a.m. to 3:30 p.m. Two way traffic maintained at all times.
3. This permit is issued in accordance with the SJC Municipal Code 7-3.02 and 7-6.02.
4. Code violations are enforced in accordance with Municipal Code 1-2.03 (b).7
5. The applicant hereby agrees to comply with all applicable City Ordinances and Regulations.
6. Any property damage as a result of this work shall be the responsibility of the permittee.
7. This permit must be on the job site and available to City representatives at all times.
8. Deposit shall expire one year from date of permit issuance, unless request for extension is submitted 30 days prior to expiration.

I hereby agree to indemnify the City, its authorized representative agents, and employees to hold harmless from any and all liability for accidents; legal action and from any loss or damage to persons or property which would result from any work undertaken as listed on this permit application. I have read and fully understand the provisions and conditions shown on this permit and/or attached herewith.

Signature of Permittee

Print Name

APPROVED: _____
Public Works Department Representative

INSPECTION

Contact the City Inspectors 24 hours before working unless noted elsewhere:

Engineering Inspector

949 443-6354

Water Services Inspector

949 487-4311

DIG ALERT

This permit is not valid without a USA (Underground Service Alert) ID Number.

For information call 1-800 227-2600

USA I.D. NO.: _____

Permit Fees

Fee Waived:

PERMIT FEE: _____

BOND/DEPOSIT: _____

TOTAL FEE: _____

DEPOSIT _____ Date: _____

Released _____ Forfeited _____

Payment Received by: _____

INSPECTION RECORD

Assigned to: _____

Date	Remarks

CERTIFICATE OF INSPECTION: *I certify that the work allowed by this permit for work in the public right-of-way has been constructed according to the specifications and plans and I hereby accept the work in this manner.*

Inspector: _____ Date: _____