



DEPARTMENT OF PUBLIC WORKS

UTILITIES SECTION
200 E. Santa Clara Street, Tower 3rd floor
San Jose, California 95113

DEVELOPMENT SERVICES DIVISION
TELEPHONE (408) 975-7455
FAX (408) 971-4882

INTER AGENCY REVOCABLE ENCROACHMENT PERMIT
APPLICATION

PERMITTEE

CONTRACTOR

Agency: _____ Contractor: _____
Address: _____ Address: _____
Contact: _____ 24 hr. Contact: _____
Phone: _____ 24 hr. phone: _____
Name of Responsible Party: _____ Contractor's Lic. No. _____
Start Date: _____ Thomas Guide: _____ City Business Lic. No. _____
No. of Working Days: _____ Project Schedule: _____
Location of Work: _____
Description of work: _____

Attach to the Application:

- (1) Detailed Traffic Control Plan (3 Copies)
(2) Construction Schedule (3 Copies)
(2) Site / Project Plans and Specifications (3 Copies)
(3) Contractor Insurance Certification (CSJ as additional insured)

This INTER AGENCY REVOCABLE ENCROACHMENT PERMIT is issued in accordance with the fee schedule adopted by the City Council on June 14, 2005, Resolution No. 72737, which designates a "Cost plus" fee for recovery of the City's expense for plan review and inspection.

If applicable, permit fee estimate will be provided to the permittee after complete submittal is received.

(CITY USE ONLY)

CSJ RECEIVED BY: _____ DATE: _____ TIME: _____ AM / PM

- Reason for encroachment Date: _____ Traffic Control Plan Date: _____
Description of Work Date: _____ Site Plan Date: _____
Insurance Certificate Date: _____

SPECIAL CONDITIONS AND COMMENTS:

- Permit Complete Date: _____
Permit Signed Date: _____
Notification of Completion Date: _____

INSPECTOR ASSIGNED

PERMIT NUMBER