



CITY OF SALINAS

DEVELOPMENT ENGINEERING, *A division of the Public Works Department*
 65 West Alisal Street | Salinas, CA 93901 | 831-758-7251 | www.ci.salinas.ca.us

Encroachment Permit Application

Applicant Category (<i>circle one</i>): Utility Company Contractor Government Non-Profit Property Owner Other: _____	
Related Building Permit Number:	Date:

PROPERTY INFORMATION:

Property Address:	Apt/Suite:	
Detailed Scope of Work:		
(P) Start Date:	(P) End Date:	Duration:

APPLICANT/CONTRACTOR:

Name:		
Address:		
Phone	Fax:	Email:

CONTRACTOR/SUBCONTRACTOR:

Business Name:
Address:
Phone:
Fax:
Email:
License Type: A B C-
Contractor License Number:
Expiration Date:
City Business License Number:
Expiration Date:

ENCROACHMENT TYPE (*enter dims, quantity*)

Utilities:
Parking Space Closure (#):
Trench/Asphalt Cut (dims):
Sidewalk (dims):
Lane Closure (length):
ADA Ramp (#):
Driveway Approach (length):
Sanitary Sewer (dims):
Curb & Gutter (length):
Storm Drain:
Other:

_____ Applicant and/or Contractor shall provide the City with liability insurance naming the City as additional insured, with endorsement sheet prior to issuance of encroachment permit, per M.C. Section 30-40.1

_____ I understand the contractor shall conform with the requirements of the current adopted State Construction General Permit Requirements including properly installing and maintaining construction BMPs, ie. City Standards 59A and 59B.

_____	_____	_____
APPLICANT NAME	SIGNATURE	DATE

Other Depts/Jurisdictions (<i>STAFF: circle all that apply</i>): Traffic Streets Urban Forestry Building Planning Fire Cal Trans County
