Fee: $ _____

Receipt #: _____

CITY OF SARATOGA

Application #: _____

Date:_____

APPLICATION FOR ENCROACHMENT PERMIT

The undersigned hereby applies to the City of Saratoga for an ENCROACHMENT PERMIT under the terms of Article 10-20 of the City Code and does hereby agree to indemnify the City on the terms set forth in section 10-20.080.

Street Address or Approximate Location:_____

Nature and Location of Encroachment (Attach plan or sketch as required):_____

_____

Emergency Repair Contact:_____

Engineering Estimate (cost of project):$_____

This permit applies only to work in public streets. The undersigned bears full responsibility for determining the ownership of all land to be affected by the project and obtaining authorization for this work from all affected owners.

WORKER'S COMPENSATION CERIFICATE

I, the undersigned certify that I am familiar with California Labor Code Section 3700 & 3800 covering Worker's Compensation Insurance and the certification of insurance or a consent to self-insure for Worker's Compensation Insurance as condition to issuance of a permit by the City. I hereby certify as follows: **(Must check one)**

☐ I have filed with you, the certificate required by California Labor Code Section 3700.

or

☐ in the performance of the work for which this permit is being issued, I shall not engage or employ any person or entity in any manner so as to become subject to the Worker's Compensation Laws of California.

Until I notify the City to the contrary, in writing, my place of residence (or permanent business address) for all purposes of notice related to the permit is as set forth below:

NAME:_____ TELEPHONE No.:_____

ADDRESS: _____

E-MAIL: _____

I declare under penalty of perjury, that the foregoing is true and correct to the best of my knowledge and belief.
Executed at Saratoga, California, this _____ day of _____, 20_____.

By: _____ _____

APPLICANT NAME APPLICANT SIGNATURE

If you have any questions regarding the issuance of the permit, please call 408-868-1224.

In addition, all applicants must contact this number at least 24 hours prior to commencement of work.

ENCROACHMENT PERMIT (CITY USE ONLY)

Permission is hereby granted to the above named applicant to perform the work specified at the location in the above application, subject to the following conditions:

See Attached

Public Works Conditions Attached from Design Review Process Yes or No

Inspection #1. _____ #2. _____

COMPLETION NOTICE
This work has been inspected and found complete

as of _____
This does not release the permittee of other obligations under Article 10-20 of the City Code.

This Permit is good until revoked or expires in accord with its terms.

Dated this _____day of _____,20___
CITY OF SARATOGA

_____
By: