TOWN OF LOS GATOS PARKS & PUBLIC WORKS DEPT.
41 MILES AVE. LOS GATOS, CA 95030
(408) 399-5771 FAX: (408) 399-5763
WWW.LOSGATOSCA.GOV

ENCROACHMENT PERMIT APPLICATION

Application Date: Permit No. _

Project Address:_____ A.P.N.:_____

Work Description:_____

Location of Work (if not at address frontage):_____

Cost of Work in the Public Right-of-Way (Required):_____ Depth of Trench:_____

Estimated Date of Completion of Work:_____ Your Job #_____

ADDITIONAL INFORMATION:

1. Property Owner/Applicant (circle one):

   Name:_____ E-mail:_____

   Address:_____ Phone:_____ Fax:_____

   City:_____ State:_____ Zip:_____

2. General Contractor in charge of work at the site:

   Name:_____ E-mail:_____

   Firm:_____ Town Business License No:_____

   License No.:_____ Class:_____ Exp. Date:_____

   Address:_____ Phone:_____ Fax:_____

   City:_____ State:_____ Zip:_____

Any questions regarding Encroachment Permits, please call Eric Christianson, Engineering Inspector at (408) 354-6824. All work in the Public Right-of-Way requires an Encroachment Permit. Failure to obtain a Permit may result in penalties per Town Code - Chapter 23, Article III, Encroachments. (It may take up to 15 working days to process this application)

SIGNATURE OF OWNER (REQUIRED):

_____ Date:_____

Print Name:_____ Title:_____

SIGNATURE OF APPLICANT (IF OTHER THAN OWNER):

_____ Date:_____

Print Name:_____ Title:_____

FOR OFFICIAL USE ONLY:

Indemnity Agreement Required: Yes No (circle one) Date Returned:_____

Approved by:_____ Date:_____

Notes: