CITY OF SAN JUAN CAPISTRANO
32400 Paseo Adelanto, San Juan Capistrano, CA 92675
Tel: (949) 493-1171

PLEASE SUBMIT APPLICATIONS TO:
ENGpermits@sanjuancapistrano.org

ENCROACHMENT PERMIT FOR WORK IN THE PUBLIC RIGHT OF WAY

City Website: www.sanjuancapistrano.org

PERMIT NO.: _____

ISSUE DATE: _____

EXPIRATION DATE: _____

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 ☐ CalOSHA ☐ Caltrans ☐ Archaeo/Paleo Native American Monitor ☐ Other:
☐ Excavation	**WORK IS SCHEDULED TO BEGIN:** **ESTIMATED COMPLETION DATE:**
☐ Haul Route	**DESCRIPTION:**
☐ Sewer/Water	
☐ Curb/Gutter	
☐ Paving	
☐ Utility	
☐ 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, or as specified by the city. 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: _____