City of BUENA PARK

OFFICE USE ONLY
PERMIT NO: _____
FEE: _____

PUBLIC WORKS ENCROACHMENT PERMIT APPLICATION

APPLICANT INFORMATION

NAME:	**COMPANY:**	
ADDRESS:		
PHONE #:	**CELL PHONE #:**	**FAX #:**
E-MAIL:		

OWNER INFORMATION

NAME:	**E-MAIL:**	
ADDRESS:		
PHONE #:	**CELL PHONE #:**	**FAX #:**

CONTRACTOR INFORMATION

NAME:	**COMPANY:**	
ADDRESS:		
PHONE #:	**CELL PHONE #:**	**FAX #:**
E-MAIL:	**STATE LICENSE #:**	**CLASS:**
INSURANCE EXPIRATION DATE:	**CITY BUSINESS LICENSE #:**	**EXP. DATE:**

ENCROACHMENT INFORMATION

JOB LOCATION (OR NEAREST ADDRESS):		
WORK START DATE:	**WORK DURATION:**	**TIME OF WORK:**
DESCRIPTION OF WORK:		
CHECK ONE: ☐ **ON-SITE OR** ☐ **OFF-SITE**		**PROJECT COST:** (Including Labor/Materials)

OFFICE USE ONLY: INSPECTOR CONDITIONS

ARE THE FOLLOWING REQUIRED: (PLEASE CHECK ONE EACH)

TRAFFIC CONTROL PLAN: ☐ **YES** ☐ **NO**

NON-STANDARD ENCROACHMENT AGREEMENT ☐ **YES** ☐ **NO**

PUBLIC WORKS ENCROACHMENT PERMIT APPLICATION (PAGE 2)

INSPECTOR CONDITIONS (CONT.):

ADDITIONAL INFORMATION

In consideration of the granting of this application, all applicants hereby agree to:

1. **IF APPLICABLE**, submit two (2) sets of construction plans along with two (2) sets of the appropriate Traffic Control Plans along with this application at the time of submittal. Traffic Control Plans for arterials shall be prepared, sign, and stamped by a CA Registered Professional Engineer/Traffic Engineer, or as required by the City.
2. Traffic control plans must be provided on 11" X 17" paper and shall conform to the current Watch Manual. TRAFFIC CONTROL PLANS MUST BE REVIEWED AND APPROVED BY THE PUBLIC WORKS DEPARTMENT PRIOR TO PERMIT ISSUANCE.
3. A city business license is required.
4. The Insurance Certificates must be approved by the City Risk Manager prior to the start of construction.
5. **Important Notice: After you obtain the Public Works Encroachment Permit, the Contractor MUST schedule a pre-construction meeting in the field with a Public Works City Inspector, _____, no less than 48 hours prior to the beginning of construction.**

GEOLOGICAL ENCROACHMENT ADDITIONAL REQUIREMENTS

1. Work Plan Site Assessment Letter – from O.C. Dept. of Health Care Agency, if applicable.
2. Site Location Map: 8 ½" x 11
3. License Agreement- Off-site Monitoring Well(s) – Monitoring Well(s) construction in the city's public Right-of-way will require a license agreement prior to issuance of Encroachment permit.

REFUNDABLE DEPOSIT (IF APPLICABLE)

DEPOSIT: ☐ YES ☐ NO	AMOUNT: $
ADDRESS CHECK TO (Name):	CONTACT INFO:
MAIL TO:	

SIGNATURE AND ACKNOWLEDGEMENT

I hereby acknowledge that I have read the instructions and all information provided is correct.

_____ _____

Signature of Applicant Date