Public Services Department
567 El Camino Real, San Bruno, CA 94066
Phone (650) 616-7065, Fax (650) 794-1443

ENCROACHMENT PERMIT

Permit Number:
202__-_____
Expires:_____

PROJECT LOCATION:	START DATE:	EST. DURATION:

PROPERTY OWNER:	PHONE NO:
PROPERTY ADDRESS:	EMAIL:

CONTRACTOR:		CONTACT NAME:	
ADDRESS:		CONTACT CELL:	
PHONE NO:	FAX NO:	CONTACT EMAIL:	
STATE CL NO:		BUSINESS LICENSE NO:	
SUB NAME:		SUB CL NO.	BUSINESS LICENSE NO:

ENCROACHMENT CATEGORY: ▢ NON-PERMANENT STRUCTURE ▢ CONCRETE WORK ▢ CONSTRUCTION RELATED ▢ PARKING STRIP ▢ TEMPORARY USE

JOB VALUE ($):_____

DESCRIPTION OF WORK:_____

_____

_____

RELATED TO A CURRENT BUILDING PERMIT? IF "YES," PROVIDE BUILDING PERMIT NO:	☐ YES	☐ NO
DOES THE PROJECT INCLUDE TRENCHING IN A STREET PAVED WITHIN THE LAST FIVE YEARS?	☐ YES	☐ NO
SUFFICIENT DOCUMENTATION ATTACHED? (PLANS, SPECS, ETC)	☐ YES	☐ NO
WILL THE ENCROACHMENT OBSTRUCT VEHICLE TRAVELWAY?	☐ YES	☐ NO
IF "YES," IS A TRAFFIC CONTROL PLAN ATTACHED?	☐ YES	☐ NO
COMPLIES WITH CITY AND/OR CALTRANS STANDARDS AND ADA?	☐ YES	☐ NO
MEETS ALL STORMWATER PROTECTION REGULATIONS (NPDES) ?	☐ YES	☐ NO
DOES THE ENCROACHMENT PROTECT ADJACENT PROPERTY AND VEGETATION?	☐ YES	☐ NO
WILL THE ACTIVITY REQUIRE NOTIFICATION TO NEIGHBORS?	☐ YES	☐ NO
DOES THIS PERMIT DOCUMENT A PRE-EXISTING ENCROACHMENT?	☐ YES	☐ NO
IF "YES," IS ENCROACHMENT SAFE AND WELL MAINTAINED?	☐ YES	☐ NO
UPON COMPLETION, DOES THE ENCROACHMENT NEED TO BE FILED AGAINST THE GRANT DEED?	☐ YES	☐ NO

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THE CONTRACTOR MUST CONTACT UNDERGROUND SERVICE ALERT AT 811 PRIOR TO ANY EXCAVATIONS IN THE PUBLIC RIGHT-OF-WAY. IN ADDITION TO THE ATTACHED GENERAL CONDITIONS, THE FOLLOWING SPECIAL CONDITIONS APPLY:

_____

_____

I agree that issuance of an encroachment permit is subject to approved application documentation, the City Municipal Code, and general and specific conditions attached herewith. I/we agree to defend and indemnify the City, its officers, employees, and agents against, and will hold and save them and each of them harmless from any and all actions, claims, damages to persons or properties, penalties, obligations and liabilities that may be asserted by any person arising out of the negligent or intentionally tortious acts, negligent errors, or omissions of mine/ours, my/our officers, agents, employees, contractors, subcontractors, or invitees related to the work described in this application. I/We attest that the above information is true to the best of my knowledge.

PRINT NAME _____ SIGNATURE _____ DATE _____

(FOR CITY USE ONLY)

FEE CALCULATION

Fee Type	Unit Cost	Est. Units	Total	Actual Units	Total
Filing fees regular	577				
Sidewalk or Street Closure	296				
ROW/POD permit	93				
Inspection	188				
Traffic Control Review	208				
Other Review	208				
No Parking Signs	5 ea.				
Cash Deposit* ($364 min)					
Tech Fee	7.9%				

Amount Paid_____Act. Total_____

1. Minimum deposit option only available for minor encroachments
2. Deposit for regular encroachment is equal to the job value ($600 minimum).
3. Performance/Payment Bond instead of cash deposit? Y or N

INSURANCE CHECKLIST

Insurance	Yes	No
Liability Cert. ($1M/$2M)		
Add'l Insured Cert.		
Auto Cert. ($1M/$1M)		
Works Comp		

REFUND AMOUNT

Amount Paid _____

(Act. Total) _____

Refund _____

APPROVAL

CITY OFFICIAL SIGNATURE _____ TITLE _____ DATE _____