

Submit Applications to:

Public Works Department
1817 General Ave.
Dos Palos, CA 93620
dppw@cityofdp.com

City of Dos Palos Public Works

Phone: (209) 710-7204
Fax: (209) 392-2801

ENCROACHMENT PERMIT APPLICATION

Application Date: _____ Applicant Signature: _____

Permit Type: ☐ Sidewalk Replacement ☐ Driveway Approach ☐ Trenching ☐ Other
☐ Commercial ☐ Residential

Job Address: _____ Dos Palos, CA 93620

APN: _____ Lot #: _____

Description of Job to be Done: _____

Actual Linear Feet: _____ Valuation: \$ _____

Owner's Name: _____ Phone #: _____

Address: _____ City/State: _____ Zip Code: _____

Email: _____

Contractor: _____ Phone #: _____

Address: _____ City/State: _____ Zip Code: _____

State Contractor's License #: _____ Classification: _____ Expiration Date: _____

Encroachment Fees: \$ _____ Receipt #: _____

Total Fees Collected: \$ _____ Date Fees Paid: _____

APPROVAL REQUIRED FROM PUBLIC WORKS DEPARTMENT

Comments: _____

Approved By: _____ Date: _____

Plot location of job being done and identifying streets

LICENSED CONTRACTOR DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with §7000) of Division 3 of the Business and Professions Code and that my Contractor's License is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lend agency information are true and correct.

Signature

Print Name

Date

License #

License Classification

Expiration Date

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of self-insure, or certificate of Worker's Compensation Insurance, or a certified copy thereof (§3000, Lab C) and Liability Insurance in the amount required by Dos Palos Municipal Code.

- ☐ Certified copy is hereby furnished;
☐ or Certified copy is on file with the Dos Palos Building Department

Insurance Company

Policy #

Signature

Date

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of the Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

- ☐ A) I am the owner of the above property, and I will contract to have all of the work performed by a licensed contractor.
☐ B) I am the owner of the above property, and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".
☐ C) I am the owner of the above property, and I will perform all of the work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Signature

Date

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

I certify that in the performance of the work, in which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Signature

Date

Notice to Applicant: If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (§3097, Cir. C).

Lender's Name

Lender's Address

SIGNATURE

I certify that I have read this application and state that the above information is correct. I agree to comply with all City and County ordinances and state laws relating to building construction and hereby authorize representatives of the City to enter upon the aforementioned property for inspection purposes.

Signature

Print Name

Date