



# ENCROACHMENT PERMIT

# \_\_\_\_\_

PERMIT APPROVAL:  
 FEE \_\_\_\_\_ OTHER \_\_\_\_\_  
 ASSIGNED INSPECTOR: JEFF HALL  
 PHONE: 831-902-8764 OR 831-636-4340  
 APPROVED BY: \_\_\_\_\_

FEE: \_\_\_\_\_  
 CHK# \_\_\_\_\_ RCT# \_\_\_\_\_  
 DATE PAID: \_\_\_\_\_  
 EMPLOYEE: \_\_\_\_\_  
ACCT#101-1000-420053

## ABOVE FOR CITY USE ONLY

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 TELEPHONE NO.: \_\_\_\_\_  
 FAX NO: \_\_\_\_\_  
 CONTRACTOR NAME: \_\_\_\_\_  
 CONTRACTOR'S LICENSE: \_\_\_\_\_  
 BUSINESS LICENSE: \_\_\_\_\_  
 TAX ID NO: \_\_\_\_\_  
 Exp.: \_\_\_\_\_

ESTIMATE: \_\_\_\_\_

LOCATION OF WORK

ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_

SPECIFIC NATURE OF WORK

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

START DATE: \_\_\_\_\_  
 ESTIMATED END DATE: \_\_\_\_\_

SPECIAL REMARKS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SPECIAL NOTIFICATION: (CIRCLE)  
 PG&E SBC CALTRANS  
 CHARTER USA OTHER

### READ BELOW BEFORE SIGNING

APPLICANT AGREES TO PERFORM ALL WORK IN ACCORDANCE WITH CITY OF HOLLISTER STANDARDS AND SPECIAL NOTES LISTED BELOW.

APPLICANT AGREES TO PROPERLY MAINTAIN SAID ENCROACHMENT AT NO EXPENSE TO THE CITY AND TO INDEMNIFY THE CITY FROM ANY LIABILITY ARISING OUT OF OR CAUSED BY SAID ENCROACHMENT.

CALL 811 OR 1-800-227-2600 TWO (2) WORKING DAYS BEFORE DIGGING. CGC 4216

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PROVIDE SKETCH HERE OR ATTACH A SEPARATE SHEET.

## INSPECTION REPORT

DATE INSPECTED: _____	WORK: _____	REMARKS: _____	APP. BY: _____
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I HAVE EXAMINED THE WORK COVERED BY THIS PERMIT AND FIND THAT SAID WORK IS IN ACCORDANCE WITH THE STANDARDS OF THE CITY OF HOLLISTER.

SIGNATURE OF INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

- TYPICAL CITY STANDARDS**
- ALL WORK MUST BE TO CITY OF HOLLISTER STANDARD SPECIFICATIONS AND DETAILS.
  - WORK MUST BE INSPECTED BY THE CITY OF HOLLISTER PRIOR TO BACKFILL.
  - ALL TRENCH BACKFILL TO BE CLEAN SAND BACKFILL.
  - ASPHALT OR CONCRETE ROAD SURFACE MUST BE SAW CUT.
  - PAVEMENT RESTORATION MUST BE 2.5 MINIMUM HOT ASPHALT OVER 8" MINIMUM.
  - TRENCH COMPACTION SHALL BE 90% EXCEPT FOR UPPER 12" OF SUBGRADE WHICH SHALL BE 95% RELATIVE DENSITY.
  - APPLICANT IS RESPONSIBLE TO SCHEDULE ALL INSPECTIONS WITH MINIMUM OF 24 HOUR NOTICE.
  - TWO SACK SAND SLURRY MAY BE SUBSTITUTED FOR 95% COMPACTED FILL OR A.B.

REMIT TO: CITY OF HOLLISTER 375 FIFTH ST. HOLLISTER, CA 95023  
 \*\*\*PLEASE REFERENCE:"ENCROACHMENT PERMIT"&LOCATION & DATE OF WORK \*\*\*