



ENCROACHMENT PERMIT

PERMIT APPROVAL: _____
 ASSIGNED INSPECTOR: WILL ALLEN
 PHONE: 831-235-7394
 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 ***
 EMAIL TO: Engineering@hollister.ca.gov