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ENCROACHMENT PERMIT

PERMIT # _____

PROJECT INFORMATION

DATE: _____ ESTIMATE OF PROJECT COST: \$ _____

JOB ADDRESS: _____

DESCRIPTION OF WORK: _____

START DATE: _____ COMPLETION DATE: _____

PROPERTY OWNER: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

CONTRACTOR: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

CITY BUSINESS LICENSE: _____ STATE CONTRACTORS LICENSE NO./CLASS/EXPIRATION: _____ / _____ / _____

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

DATE: _____ CONTRACTOR'S SIGNATURE: _____

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Worker's compensation Insurance, or a certified copy thereof (Section 3800 Labor Code).

POLICY NUMBER: _____

COMPANY: _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION

(THIS SECTION NEED NOT BE COMPLETED IF THE PERMIT IS FOR ONE HUNDRED DOLLARS (\$100.00) IN TOTAL PROJECT COST OR LESS)
I certify that in the performance of the work for 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. NOTE: If after making this certification of Exemption, you should become subject to worker's compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

APPLICANT'S SIGNATURE _____ DATE _____

INSPECTIONS:

INITIAL INSPECTION _____ INSPECTOR'S INITIALS _____ DATE _____

FINAL INSPECTION _____ INSPECTOR'S INITIALS _____ DATE _____

The above request is hereby approved and this permit is hereby granted, subject to compliance by the applicant to "Permit Provision" shown on the reverse side thereof, approved project plans, maps, and specifications, other local, state and federal regulations, restrictions, and conditions as follows:

Approved By _____

Date Granted _____

Expiration Date _____