



CITY OF CITRUS HEIGHTS
 6237 Fountain Square Drive Citrus Heights, CA 95621
 (916) 727-4770 Fax (916) 727-1454

APPLICATION FOR ENCROACHMENT PERMIT

--PLEASE PRINT--

*Application Date: _____ APN: _____ Your Own Reference #: _____ *Requested Start Date: _____

*Job Address/Location: _____ *Nearest X Street: _____

Job Name: _____ Job #: _____ *Project Completion Date: _____

***DESCRIBE WORK OR ACTIVITY WITHIN PUBLIC RIGHT-OF-WAY (Use backside of sheet if more room is needed):**

- Sidewalk Driveway Approach Curb & Gutter Pedestrian Ramp Water Service Survey Utility Maintenance Traffic Control
 Utility Installation Excavation Obstruction Access Road

***Work to be performed by (check one):**

- Applicant
 Subcontractor (attach additional contact information)

EXCAVATION		PIPES	
Max. Depth	Max. Width	Type	Product
Max. Length	Surface Type	Diameter	Voltage/PSIG

***WILL AN EXISTING DRIVEWAY BE REMOVED OR BLOCKED?** NO YES If 'Yes', Please Explain: _____

***WILL AN EXISTING SIDEWALK BE REMOVED OR BLOCKED?** NO YES If 'Yes', Please Explain: _____

In consideration of the granting of this application, it is agreed by the applicant that the City of Citrus Heights and any officer or employee thereof shall be saved harmless by the applicant from any liability or responsibility for any accident, loss or damage to persons or property, happening or occurring as the proximate result of any of the work undertaken under the terms of this application and the permit or permits which may be granted in response thereto, and that all of said liabilities are hereby assumed by the applicant. It is further agreed that if any part of this installation interferes with the future use of the highway it must be removed or relocated, as designated by the City Engineer, at the expense of the applicant or their successor in interest.

Applicant Name: _____
 Address: _____
 Contact Person: _____
 Phone #: _____ Fax #: _____
 Cell Phone #: _____ Contractor Lic. #: _____

Application approved subject to payment of fees and conditions of work, and is revocable at any time.

Applicant Signature: _____

- Standard Blanket
 Minor Public Entity
 Development
 Renewal (Permit #: _____)

Office Use Only

THOMAS BROS.
 MAP NUMBER _____

Deposit: \$ _____ 100-21220
 Other: _____

PERMIT NO. _____

Issued By: _____ Date: _____