

## Community Development Department Building and Safety Division

App. No. (office use only)

580 Pacific Street, Room 4, Monterey CA Main: (831) 646-3890 PW Inspection: (831) 646-3997 Email: gogreen@monterey.org

## **ENCROACHMENT PERMIT APPLICATION**

PROJECT INFORMATION												
Address	ess					Estimated St			d Sta	art Date		
						Estimated End Date						
APPLICANT INFORMATION												
Applicant	Email:											
Company				License No.								
Address				Phone								
UTILITY AT&T Cal Am Comcast PG&E Other (list):												
<b>DESCRIPTION OF WORK</b> (Please provide dimensions, areas, depths, and attach drawings)												
Description												
TYPE OF ENCROACHMENT (Select all that apply)												
<b></b>	· · · · · · · · · · · · · · · · · · ·				tion in Street (concrete or a			sphalt)	Т	Tempor	arv Fr	ncroachment
=	Ramp/Curb/Gutter			Excavation in Unpaved Shoulder				<u> </u>	╊	•	tructure in ROW	
Sidewalk		F									all Utility Poles	
Sidewalk Wireless Antenna Vault or Equipment Replace/Instal  PROJECT IMPACTS (Select all that apply)										in Genry 1 Gles		
Work is near a tree or within a Critical Disturbing 500 sq ft or more of soil Sewer tie-in to main (+\$248)												
Root Zone (CRZ = 12 x tree diameter Installing/Replacing 2500 sq ft or Trenching 5' depth or n												
At 4.5 ft above grade)				more of hard surface				T-1 Permit No				
TRAFFIC IMPACTS (Select all that apply. If any boxes below are checked, attach a <i>Traffic Control Plan</i> )												
Blocking Sidewalk Blocking Travel Lane Traffic Control to comply with most current version of												
☐ Blocking Parking Lane ☐ Diverting Traffic									· · · · · · · · · · · · · · · · · · ·			
APPLICANT DECLARATION (check ALL boxes below)												
I certify that the above information is correct and I agree to comply with all State laws and ordinances of the City of Monterey that are applicable to the proposed work. I hereby authorize City representatives to access the work zone for inspection purposes. I understand that this is an application and NOT a permit to perform any work without City review and approval, payment of all required fees, and the signing of all required documentation. I understand that this application will expire within 180 days if a permit is not obtained.												
I acknowledge the following requirements and agree to comply (must check all boxes below):												
If any bus stops or routes are disrupted, I shall call MST at (831) 899-5299.												
I shall restore <b>disturbed</b> Right of Way infrastructure to current City standards as directed by the City.												
☐ All traff	ic/pedest	rian contro	ol s	hall comp	ly with the	California Ma	nu	ual on Unifo	rm '	Traffic Co	ntrol	Devices (MUTCD).
☐ I shall not cover or conceal any construction until the work is inspected, and the inspection is recorded on the job card. Inspections must be requested at least 24 hours in advance.												
☐ If the work involves trenching in a recently resurfaced (within 2 years) or reconstructed (within 5 years) street, I												
shall comply with the resurfacing requirements established in the City's "No Cut Policy" or pay the required additional fee.												
addition	iai iee.											
											_	
APPLICANT SIGNATURE					PRINT NAME							DATE