

**CITY OF LIVE OAK
DEPARTMENT OF PUBLIC WORKS**

FEES: _____

DATE: _____

PRE-INSP.: _____

RECEIPT #: _____

APPLICATION FOR ENCROACHMENT PERMIT

DATE: _____ 20____

To: DEPARTMENT OF PUBLIC WORKS
CITY OF LIVE OAK
9955 LIVE OAK BLVD.
LIVE OAK, CA 95963
(530) 695-2112

From: _____

(name and address of applicant)

Gentlemen:

The undersigned hereby applies for permission to excavate, construct and/or otherwise encroach on City street right-of-way by performing the following work:

(Describe here fully what the applicant proposes to do using reverse side or extra sheets if necessary)

(attach detailed plans if available)

at the following address and/or on the following streets: _____

and agrees to do the work in accordance with City rules and regulations and subject to your inspection and approval.

APPLICANT SHALL submit with the application for an encroachment permit an acceptable certificate of insurance naming the City of Live Oak, its officers, employees, agents and volunteers as insureds on the applicant's homeowners or commercial insurance policy, whichever shall apply. Limits of coverage shall be determined by the City but shall not be less than \$500,000.00 per occurrence for bodily injury and property damage combined. The City shall be guaranteed at least thirty (30) days written notice of any cancellation or reduction in insurance coverage. Note: Applicant must obtain prior City approval BEFORE using other parties pertaining to the encroachment such as contractors, suppliers, etc.

A fee of \$ _____ must be paid at the time this application is filed.

A copy of insurance MUST accompany this application. Homeowners Insurance may apply if approved by City Risk Manager.

Print or Type Name of Applicant

Signature of Applicant

Phone Number

Email Address