



# RIGHT-OF-WAY AND ENCROACHMENT PERMIT APPLICATION

JOB ADDRESS/LOCATION			
CROSS STREETS	AND	PARCEL NUMBER	TRACT
APPLICANT			PHONE
ADDRESS	CITY	STATE	ZIP
CONTRACTOR	STATE LICENSE NUMBER	EXPIRATION	PHONE
OWNER			PHONE
ADDRESS	CITY	STATE	ZIP
DESCRIPTION OF WORK			

**PLEASE READ AND UNDERSTAND PROVISIONS BEFORE SIGNING**

I agree to comply with the provisions attached to this application and all City Ordinance, Resolutions, Standards and Specifications currently in force, and to pay for removal and proper replacement of any item installed under this permit which does not comply with the above. I agree to pay for any additional replacements in excess of the amounts shown above which may be cut or damaged as a result of any work accomplished under this permit. Inspection office to be notified at least 48 hours before work is to start by calling 949-724-6500 between 8:00 a.m. and 4:00 p.m. The permit may be cancelled if work does not start within 60 days and continued to completion.

**NOTICE:**

Pursuant to Assembly Bill 3020, no excavation permit is valid unless the following is performed:

1. UNDERGROUND SERVICE ALERT has been contacted and has provided inquiry ID Number: \_\_\_\_\_
2. The undersigned agrees to contact and obtain an inquiry ID Number from UNDERGROUND SERVICE ALERT (1-800-422-4133) at least 2 working days prior to commencing excavation.

SIGNATURE OF APPLICANT	PRINT APPLICANT NAME	DATE
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APPROVED BY \_\_\_\_\_

FOR OFFICE USE ONLY: PLAN CHECK AND INSPECTION FEES					
EXCAVATION & ROADWAY PAVING	CD _____	INSP _____	MATERIAL STORAGE	CD _____	INSP _____
CURB & GUTTER	CD _____	INSP _____	CURB CORE	CD _____	INSP _____
SIDEWALK	CD _____	INSP _____	MISCELLANEOUS	CD _____	INSP _____
DRIVEWAYS	CD _____	INSP _____	ROAD CLOSURE	CD _____	INSP _____
CASH BOND				_____	FEE _____