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| **U.S.A. TICKET NO**. |  | **SACRAMENTO COUNTY MUNICIPAL SERVICES** **827 – 7TH STREET, ROOM 105, SACRAMENTO, CA. 95814**  **PHONE (916) 874-6544** | | **PERMIT NO**. |  | |
| Phone (800) 227-2600 |  | |  | MAP NUMBER COORDINATES |  |

### APPLICATION FOR ENCROACHMENT PERMIT

1. Permit Type:

2. Application is made for permission to excavate, construct and/or otherwise encroach on County right-of-way by performing the work described below on:

|  |
| --- |
|  |

Project Location

3. Scope of Work:

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|  |

**4**. **Permittee shall schedule a pre-construction meeting to activate this permit by calling CMID at (916) 875-2707.**

**5**. **Permittee shall notify Construction Management and Inspection Division (CMID) at (916) 875-2707, at least 24 hours in advance prior to commencing work.**

**6. Permittee shall contact the County Survey Section at (916) 874-6546 for potential location of survey monuments.**

7**.** Applicant must check with all Utility Companies serving the area covered by this permit, for location of existing underground pipes, conduits or cables. Underground Service Alert (U.S.A.) does not locate non-pressurized sewer and drainage facilities.

8. Attention is directed to the General Provisions attached hereto and to any specific conditions made a part of hereof.

In consideration of the granting of this application, it is agreed by the applicant that the County of Sacramento 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 to 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 Chief Deputy County Executive of Municipal Services, at the expense of the applicant or their successor in interest.

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| **FOR USE BY UTILITY COMPANIES** | | | |
| District |  | Division: |  |
| Engineer |  | Job No: |  |

|  |  |
| --- | --- |
| Contact Person |  |

Applicant Signature:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant: | |  | | | | Phone: | |  | | |
|  | | | | | | | | | | |
| Address: |  | | City |  | State | |  | | ZIP |  |

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| **DEPARTMENTAL**  **REVIEW** | **APPROVED** | **DATE** | Bond / Deposit: |  | **VALIDATION:** |
| WATER SUPPLY |  |  | Code: 077C-0772982-5500000 |  |
| TRANSPORTATION |  |  | PERMIT FEE: |  |
| WATER RESOURCES |  |  | Code: 005A-2900000-92925800 |
| WATER QUALITY |  |  | Sub. Order Number: |  |
| TECHNICAL RESOURCES  Approved applications subject to payment of fees, pre-construction meeting with CMID, Attachment A, and is revocable at any time. This permit is nontransferable and EXPIRES **ONE YEAR** from date issued. **\*ANNUAL Permits expire December 31 of the year permit is issued.**  ***RON E. VICARI*, Road Commissioner**  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ CMID INSPECTOR |  |  | Customer Number: |  |

“ASBUILT” Inspector Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name Date

Plan Submittal Date:

|  |  |
| --- | --- |
| Traffic control plans templates: | Sacramento County General Map Viewer e-Map-It |
| <http://www.sacdot.com/Pages/TrafficControlPlansandDetourPlans.aspx> | <http://generalmap.gis.saccounty.net/Default.aspx> |

# STATEMENT OF APPLICANTS RESPONSIBILITY

**Encroachment Permit**

Dear Applicant:

Please read the following statement outlining your responsibilities regarding the checking and approval of your Encroachment Permit.

California Government Code Section 66451.2 authorizes cities & counties to charge a fee for the actual cost of review. Sacramento County has implemented this fee in Section 22.20.016 of Sacramento County Code. In submitting your plan for review and signing this form, you are agreeing to take responsibility for the costs generated by the County related to plan review, material testing, and construction inspections. An application fee of $365.75 ($350.00 + $15.75 I.T. Recovery Fee) is to accompany this encroachment permit submittal. Upon receipt, a unique account will be established in your name. You will receive a statement on a monthly basis, and all charges must be paid in full prior to final inspection approvals of your permit. If you are the owner of the affected land please sign on the line below. If you are an authorized agent of the owner please sign below and present a copy of your power of attorney for this project. Failure to keep your account current may result in delays of permit approval and final inspection approvals.

I hereby confirm that I understand my financial responsibility for this plan. If I sell or option this property, I will disclose the terms of this statement, and if I fail to do so, I will be jointly responsible.

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| Property Address/Project Name: | | | | | | | | | | |  | | | | | | | | | | | |
| Assessor’s Parcel No.: | | | | | | | | | | |  | | | | | | | | | | | |
| **FOR UTILITY ENCROACHMENT PERMITS ONLY**  IDENTIFY UTILITY PURVEYOR WHO OWNS FACILITIES: | | | | | | | | | | | | |  | | | | | | | | | |
| Applicant’s Name: | | | | | | |  | | | | | | | | | | | | | | | |
| Title: | | | | | | |  | | | | | | | | | | | | | | | |
| Company Name: | | | | | | |  | | | | | | | | | | | | | | | |
| Contractor’s License No.: | | | | | | | | |  | | | | | | | Business License: | | | | |  | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | |
| Telephone No.: | | | | |  | | | | | | | | | E-mail Address: | | | |  | | | | |
| SECURITY DEPOSIT | | | | | | | | | | | | | | | | | | | | | | |
|  | Bond | | | Bond Number: | | | | | |  | | | | | | | Bond Amount: | | | | |  |
| Bond Exp. Date: | | | | | |  | | | | | | Bonding Company: | | |  | | | | | | | |
|  | | Cash | | | | | | | | | |
| Refund Cash Deposit To: | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | |  | | | | | | | | | | | Date: |  | | |