



Email application to: encroachment-permit@emeryville.org
Or submit at City Hall, 1333 Park Ave: 9 am - 12 pm; 1 pm - 4 pm

APPLICANT (COMPANY)

CONTACT PERSON

ADDRESS

PHONE

EMAIL*

*Permit, if approved, may be sent to Applicant's email address as a PDF

OWNER/DEVELOPER

ADDRESS

PHONE

EMAIL

CONTRACTOR DOING WORK

CONTACT PERSON

ADDRESS

PHONE

EMAIL

LICENSE NO. CLASS

ESTIMATED START DATE / / 20

ESTIMATED END DATE / / 20

DURATION OF CONSTRUCTION / TRAFFIC CONTROL DAY(S)

LOCATION OF WORK

PURPOSE FOR ENCROACHMENT PERMIT:

- Major Utility (PG&E or EBMUD)
Telecom/Fiber Optic Installation/Maintenance
Moving Van / Storage Pod
Minor Construction in Public Right-of-Way - by Property Owner (Residence/Business)
Private Development Project/Public Improvements; Project Name:
Other:

FULLY DESCRIBE PROPOSED WORK WITHIN CITY RIGHT-OF-WAY (attach supplemental pages as needed)

Large empty box for describing proposed work.

Email application and plans, if applicable, to encroachment-permit@emeryville.org unless hardcopies are requested.

ENCROACHMENT DECLARATION:

The City's Standard Provisions to the Encroachment Permit are incorporated by reference. By signing below, I hereby acknowledge that I have read, acknowledge, and agree to the terms and conditions of the City's Standard Provisions, including Paragraph 13 waiver and release.

Applicant Signature Date

PLEASE READ SECOND PAGE

FOR CITY USE ONLY
Permit No. ENC20 - Issue Date
Permit Administrative Fee \$202.00
No Parking Signs
Long Term Permit Fee
Permit Inspection
Arborist Recovery Estimate
Other Fee
Required Security Deposit
100% Performance Bond
Tree Protection Bond
TOTAL PAYMENT REQUIRED \$
Check # Amt. Received \$
Receipt # Date
Business License Certificate of Insurance \$1m Poll Prev

4050-58370
14101014

To request reimbursement of the security deposit, submit a copy of this permit with signed FINAL INSPECTION to City of Emeryville, Public Works Department – Engineering. You may provide a hardcopy or email a scanned copy to encroachment-permit@emeryville.org for Final Approval. Failure to obtain Final Approval of the work covered by this Encroachment Permit within one (1) year of the estimated end date shall result in the loss of the security deposit which shall be retained by the City of Emeryville.

If reimbursement is applicable and approved, indicate: Mail check to: ATTN: _____

Check payable to: _____ Address: _____

FOR CITY USE ONLY

► CALL FOR INSPECTION BEFORE STARTING WORK: 510-455-7286

PERMIT CONDITIONS / REMARKS: _____

PROVIDE 48-HOUR NOTICE PRIOR TO START OF WORK: encroachment-permit@emeryville.org

- Contact Transit Agencies:
 - AC Transit: 510-891-4706, detours@actransit.org
 - Amtrak, Emeryville Station: 800-872-7245
 - Emery Go-Round: 510-451-3862
- Post "Temporary No Parking" signs 72 hours in advance. Notify Police (510-596-3700) once signs are posted.
- TRAFFIC CONTROL on _____ permitted only between the hours _____ and _____.
 on _____ permitted only between the hours _____ and _____.
- Provide CONSTRUCTION SCHEDULE 5 days prior to start of work.
- COMMUNITY NOTIFICATION required: _____
- As-Built Plans required – GIS shapefiles (preferred) or AutoCAD
- NOTIFY POLICE (510-596-3700) AND FIRE (510-632-3473) 24 HOURS IN ADVANCE OF ANY ROAD CLOSURES.

THIS PERMIT EXPIRES ON _____, 20_____.

REVISED: Expiration date ____ / ____ / ____ APPROVED BY _____ DATE _____

The Standard Provisions to the Encroachment Permit and the City Standard Details are incorporated into this permit by reference and are available online at emeryville.org/publicworks. This permit is to be strictly construed and no work other than what is specifically stated herein is authorized.

APPROVED _____, Public Works Director
 Senior Civil Engineer DATE _____
 Associate Civil Engineer

FINAL INSPECTION _____ TOTAL HRS _____ DATE _____
 Public Works Inspector

FINAL APPROVAL _____, Public Works Director
 Senior Civil Engineer DATE _____
 Associate Civil Engineer