



ENCROACHMENT PERMIT APPLICATION

PERMIT NUMBER _____

PERMITTEE INFORMATION

(TO BE COMPLETED BY PERMITTEE, PLEASE PRINT)

LOCATION OF WORK OR PROJECT _____

ASSESSOR'S PARCEL NUMBER _____

PERMITTEE _____

CONTACT NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE NUMBER / FAX NUMBER _____

PROJECT COST ESTIMATE: \$ _____

E-MAIL _____

CONTRACTOR INFORMATION

CONTRACTOR PERFORMING WORK _____

CONTACT NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE NUMBER / FAX NUMBER / E-MAIL _____

CONTRACTOR'S LICENSE NO. _____

CLASS _____

BUSINESS LICENSE NO. _____

I have read, understand, and agree to comply with the permit conditions which are a part of this permit. I further agree to comply with the current City of West Sacramento Standard Specifications and Details, City Ordinances, and conditional requirements

PERMITTEE'S SIGNATURE _____

DATE _____

DESCRIPTION OF CONSTRUCTION: _____

INSURANCE

(TO BE COMPLETED BY CITY)

PERMITTEE'S INSURANCE CARRIER _____

POLICY NUMBER _____

EXPIRATION DATE _____

FEES

\$ _____

PERMIT FEE

24 HR. INSPECTION # 916-617-4692

\$ _____

CASH DEPOSIT

PERFORMANCE BOND

LETTER OF CREDIT

OTHER

\$ _____

TOTAL AMOUNT PAID

RECEIPT NUMBER _____