COMMUNITY DEVELOPMENT DEPARTMENT
Building and Safety

One Civic Center Plaza
P.O. Box 19575
Irvine, CA 92623-9575
(949) 724-6524

Print Form

RIGHT OF WAY AND ENCROACHMENT
Permit Application

Job Address / Location:			PC#:
Parcel #:	Tract:		
Cross Streets:	and		Receipt #:
Applicant:		Phone #:	
Address:	City:	Zip Code:	
Contractor:		Phone #:	
State License #:		Expiration Date #:	
Business License #:		Expiration Date #:	
Address:	City:	Zip Code:	
Workers' Compensation Policy #:		Expiration Date #:	
Exempt by Sect. 3800 of State Labor Code:	Signature:	Date:	

Description of Work:

PLAN CHECK & INSPECTION FEES
(office use only)

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 _____

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. Read and understand provisions before signing.

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 I.D. Number _____
2. The undersigned agrees to contact and obtain an inquiry I.D. Number from UNDERGROUND SERVICE ALERT (1-800-422-4133) at least 2 working days prior to commencing excavation.

APPROVED BY: _____ APPLICANT'S SIGNATURE: _____ DATE: _____

PRINT NAME _____