



FOR OFFICE USE ONLY  
PLAN CHECK #: \_\_\_\_\_

# RIGHT-OF-WAY AND ENCROACHMENT PERMIT APPLICATION

JOB ADDRESS/LOCATION			
CROSS STREETS		PARCEL NUMBER	TRACT
AND			
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 949-724-6524 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 (Dial 811) at least 2 working days prior to commencing excavation.

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

\_\_\_\_\_  
APPROVED BY

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