## DEPARTMENT OF PUBLIC WORKS



Road Operations - Permits 455 County Center, 2/Fl. Redwood City, CA 94063 (650) 363-1822

JAMES C. PORTER Director of Public Works

Date:
Plan Check #:
APN:

## **ENCROACHMENT PERMIT APPLICATION**

Complete all fields

To Whom It May Concern:

The undersigned hereby applied for permission to excavate, construct and/or otherwise encroach upon the Right-of-Way of the County of San Mateo road(s) listed:

## DESCRIBED LOCATION OF PROPOSED ACTIVITY

DESCRIBED PROPOSED ACTIVITY: < Attach site plan and details of construction>

NOTE: State of California Government Code Sections 4216 through 4216.9 require an INQUIRY IDENTIFICATION NUMBER be assigned to every person planning to conduct an excavation in a Public Right-of-Way or Private Easement. If applicable, the applicant shall call the "USA" Regional Notification Center at 800-642-2444 a minimum of two (2) days prior to commencing that excavation. NO PERMIT TO EXCAVATE ISSUED BY SAN MATEO COUNTY SHALL BE VALID UNLESS THE APPLICANT HAS OBTAINED AN INQUIRY ID NUMBER FROM "USA."

PROPOSED ENCROACHMENT DATE(S): START

FINISH

Applicant agrees to accomplish the described activity in accordance with applicable County of San Mateo codes, regulations, restrictions and specifications and to be subject to inspection and approval by the Dept. of Public Works.

Applicant shall indemnify and save harmless the County, its officers, agents, employees and servants from all claims, suits or actions on every name, kind and description, brought for, or on account of, injuries to or death of any person or damage to property resulting from the performance of any work authorized or required by the County in conjunction with this request.

\_\_\_\_ Applicant is required to maintain property damage and liability insurance in amounts equivalent to or exceeding the legal minimums as a condition of this permit.

APPLICANT COMPLETE

"USA" Inquiry

**USA Inquiry ID Number** 

initials

Date

Applicant Name

Mailing Address

City, State Zip

Area Code & Phone and email

Applicant Signature

PLEASE PRINT