City of Rocklin Dept. of Public Works 4081 Alvis Court Rocklin, CA 95677 Phone: (916) 625-5500 Fax: (916) 625-5501 Hours: 7:30 AM – 4:00 PM

ENCROACHMENT PERMIT

Permit No. _____



APPLICANT'S NAME:	PHONE NO.:
AGENCY/FIRM NAME:	
Mailing Address:	CityZip Code
LOCATION OF WORK:	between or near
DESCRIPTION OF WORK (sidewalk, curb & gutter, driv	veway, excavation, pipes, etc.)
Three sets of plans (8 1/2" x 11" preferable) must be relationship to sidewalk, property lines, and street co	e attached showing all dimensions and locations of work with enter lines.
STARTING DATE:	COMPLETION DATE:
printed on the reverse side of this permit, and the Speci Encroachment Permit, Applicant represents that it has rea- be bound by these provisions. This permit is issued under noncompliance with any of the provisions of this permit or a I hereby acknowledge that I have read and here Applicant's Signature	lly including but not limited to, the General Conditions and Specific Conditions tal Conditions stated below. By signing and submitting this application for an d and understands all of the provisions of this permit, and agrees to abide by and the authority of Rocklin Municipal Code Chapter 12.04. It may be revoked for any of the provisions of Chapter 12.04. by agree to all the provisions of this Encroachment Permit. Date WRITE BELOW THIS LINE
Permit for encroachment work expires:	
48 HOURS IN ADVANCE OF CONSTRUC CALL Underground Service Alert (USA) at 1-800-227-2600	TION 24 HOURS IN ADVANCE OF CONSTRUCTION, CALL ROCKLIN PUBLIC WORKS AT (916) 625-5500
PERMIT FEES: Rec'd by: Date	PERMIT APPROVED BY:
Certificate of Insurance \Box On file \Box AtBond Required \Box Yes \Box No	
SPECIAL CONDITIONS:	City Official Date
INSPECTOR'S COMMENTS:	

INSPECTOR'S APPROVAL: _____ DATE: _____