



Application for Encroachment Permit

ENGINEERING DEPARTMENT

Phone 925 931-5650 Email eod@cityofpleasantonca.gov

Date of Application _____

Date Work to Begin _____

Date of Completion _____

Work Location _____ APN# _____

Owner/Developer _____ Phone _____

Address: _____

Contractor: _____ Phone _____

Address: _____

California Contractor's License # _____ Type _____ Exp. Date _____

Workers' Comp. Carrier _____ Policy # _____ Exp. Date _____

City of Pleasanton Business License # _____ Exp. Date _____

Valuation of Work in the Right of Way _____

Description of proposed work _____

REQUIRED: 3 copies of the Plans for proposed work (Google overview map with sketch showing work at minimum), traffic control plan (**allow 48 hrs for approval**), copy of liability insurance with endorsements naming City of Pleasanton as an additional insured.

The undersigned hereby certifies that all work proposed herein will be completed in a timely manner to the satisfaction of the City Engineer in accordance with the provisions of Chapter 13.04 of City of Pleasanton's Muni Code and City Standards.

By _____ Date _____ Title _____

Application reviewed by _____ Date _____ Permit Number _____

Observations/Special Conditions _____

Bond amount required _____ Cash _____ Surety _____

Permit approved for issuance as noted above:

By _____ Date _____