

Application for Encroachment Permit

ENC-001

Purpose: To allow work to be performed, or activity to take place within a County Right-of-Way.

Encroachment Permit Number _____

Planning File Number _____

Encroachment Permit Fee _____

Building Permit Number _____

Driveway Cash Deposit _____

Grading Permit Number _____

Receipt Number _____

Sewer Permit Number _____

Applicant to Complete this area only

Check type of activity: Annual Agency Permit Sidewalk/Gutter/Pavement Driveway
 Utility Undergrounding Other _____

Project _____ Assessor's Parcel # _____

Permittee/Contractor _____ Contractor's License # _____

Mailing Address _____

Work Site Address _____

Contact Person _____ Telephone # _____

Bonding Company _____ Bond # _____ Expiration Date _____

Insurance Company _____ Policy # _____ Expiration Date _____

Permittee agrees to accept all responsibility for loss or damage to any person or entity and to indemnify, hold harmless, and defend and release the County of Sonoma, its agents and employees of and against any and all liability, actions, claims, damages, costs or expenses which may be asserted by any person or entity, including Permittee, arising out of or in connection with the willful act or negligence of Permittee performing the work associated with this Encroachment Permit, whether or not there is concurrent negligence on the part of the County, but excluding liability due to the sole active negligence or sole willful misconduct of the County.

The undersigned agrees that the work will be done in accordance with and subject to this terms and conditions of this permit, the State Vehicle Code, the State Streets and Highways Code, and is subject to inspection and approval by the Permit and Resource Management Department.

Permittee Signature: _____ Date: _____

Sonoma County Permit and Resource Management Department

2550 Ventura Avenue ♦ Santa Rosa, CA ♦ 95403-2829 ♦ (707) 565-1900 ♦ Fax (707) 565-1103