



City of Emeryville ENCROACHMENT PERMIT

Department of Public Works

KEEP COPY OF PERMIT ON SITE

Email application and plans to: encroachment-permit@emeryville.org

Submit: ☐ COI ☐ City Business License ☐ Plans, TCP

APPLICANT (COMPANY) _____

CONTACT PERSON _____

ADDRESS _____

PHONE _____

EMAIL* _____

*Issued permit will be emailed to Applicant as a PDF

PROPERTY OWNER _____

ADDRESS _____

PHONE _____

EMAIL _____

CONTRACTOR DOING WORK _____

CONTACT PERSON _____

ADDRESS _____

PHONE _____

EMAIL _____

CSLB LICENSE NO. _____ **CLASS** _____

ESTIMATED START DATE ____/____/20____

ESTIMATED END DATE ____/____/20____

VALUATION OF PROPOSED WORK: \$ _____

DURATION OF IMPACT TO PUBLIC RIGHT-OF-WAY _____ DAY(S)

SITE ADDRESS / LOCATION OF WORK _____

PURPOSE FOR ENCROACHMENT PERMIT: (check one)

☐ Major Utility (PG&E or EBMUD) ☐ Telecom/Data Service Installation/Maintenance ☐ Temp No Parking (Moving / Storage Pod)

☐ Minor Construction / Traffic Control in Public Right-of-Way – by Property Owner (Residence/Business)

☐ Conditional Public Improvements / Private Development Project Name: _____

☐ Other: _____

DESCRIPTION OF PROPOSED WORK WITHIN CITY RIGHT-OF-WAY (attach supplemental pages as needed)

ENCROACHMENT DECLARATION:

The City's Standard Provisions to the Encroachment Permit are incorporated by reference. By signing below, I hereby acknowledge that I have read, acknowledge, and agree to the terms and conditions of the City's Standard Provisions, including Paragraph 13 waiver and release.

Applicant Signature _____ Date _____

~ PLEASE SEE SECOND PAGE ~

~ FOR CITY USE ONLY ~

Permit No. **ENC20** _____ - _____ Issue Date _____

Permit Administrative Fee...(\$242.00).....\$ _____

"No Parking" Signs (____ x \$4).....\$ _____

Long Term Permit Fee (____ mos. x \$150).....\$ _____

Permit Inspection, 2hr min (____ hrs x \$216.50).....\$ _____

Arborist Recovery Estimate

(\$150/hr; \$250 1st tree eval report + \$25/add'l tree)....\$ _____

Other Fee\$ _____

(account # _____)

Other Fee\$ _____

(account # _____)

Required Security Deposit: ☐ waived for low-risk permits

☐ \$1,000 cash (101-2050).....\$ _____

☐ \$10,000 Bond..... Bond # _____

100% Performance Bond # _____, Value \$ _____

Tree Protection Bond # _____, Value \$ _____

(total tree value x 3 + \$10,000) (251-2025)

TOTAL PAYMENT REQUIRED \$ _____

Check # _____ Amt. Received \$ _____

Receipt # _____ Date _____

☐ Business License ☐ Certificate of Insurance ☐ \$1m Poll Prev (if req'd)

14101014 4050-58370

CURRENT CITY BUSINESS LICENSE NO. _____

REQUIRED INSURANCE: City of Emeryville must be listed as
Certificate Holder and Additional Insured
Min Limits: \$1m Gen Occ; \$2m Gen Agg
\$1m Auto; \$1m Workers Comp

To request reimbursement of the security deposit, submit a copy of this permit with signed FINAL INSPECTION to City of Emeryville, Public Works Department – Engineering. You may provide a hardcopy or email a scanned copy to encroachment-permit@emeryville.org for Final Approval. Failure to obtain Final Approval of the work covered by this Encroachment Permit within one (1) year of the estimated end date shall result in the loss of the security deposit which shall be retained by the City of Emeryville.

If reimbursement is applicable and approved, indicate: Mail check to: ATTN: _____

Check payable to: _____ Address: _____

FOR CITY USE ONLY

► DO NOT PLACE SIGNS IN BIKE LANE OR SIDEWALK AREAS

► CALL FOR INSPECTION BEFORE STARTING WORK: 925-678-4004

PERMIT CONDITIONS / REMARKS: _____

PROVIDE 48-HOUR NOTICE PRIOR TO START OF WORK: pwinspections@emeryville.org

- ☐ Contact Transit Agencies: ☐ Emery Go-Round Shuttle Service: 510-451-3862
- ☐ AC Transit: 510-891-4777, www.actransit.org/construction-event-notification
- ☐ Amtrak, Emeryville Station: 800-872-7245
- ☐ Post "Temporary No Parking" signs 72 hours in advance. Notify Police (510-596-3700) once signs are posted.
- ☐ TRAFFIC CONTROL on _____ permitted only between the hours _____ and _____.
on _____ permitted only between the hours _____ and _____.
☐ Provide CONSTRUCTION SCHEDULE 5 days prior to start of work.
- ☐ COMMUNITY NOTIFICATION required: _____
- ☐ As-Built Plans as GIS shapefiles required
- ☐ NOTIFY POLICE (510-596-3700) AND FIRE (510-632-3473) 24 HOURS IN ADVANCE OF ANY ROAD CLOSURES.

THIS PERMIT EXPIRES ON _____, 20_____.

☐ REVISED: Expiration date ____/____/____ APPROVED BY _____ DATE _____

The Standard Provisions to the Encroachment Permit and the City Standard Details are incorporated into this permit by reference and are available online at emeryville.org/publicworks. This permit is to be strictly construed and no work other than what is specifically stated herein is authorized.

APPROVED _____, ☐ Public Works Director
☐ Senior Civil Engineer DATE _____
☐ Associate Civil Engineer

FINAL INSPECTION _____ TOTAL HRS _____ DATE _____
Public Works Inspector

FINAL APPROVAL _____, ☐ Public Works Director
☐ Senior Civil Engineer DATE _____
☐ Associate Civil Engineer