



**PUBLIC WORKS DEPARTMENT  
APPLICATION FOR ENCROACHMENT PERMIT  
2011-2012**

420 Capitola Avenue  
Capitola, CA 95010  
(831) 475-7300  
Fax (831) 479-8879

<b>JOB ADDRESS:</b>  <b>PROPERTY OWNER:</b>	<b>CONTRACTOR:</b>  <b>CONTACT NAME:</b>  <b>TELEPHONE:</b>  <b>FAX/EMAIL:</b>  <b>STATE LICENSE NUMBER:</b>
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<b>DESCRIPTION OF WORK:</b>   <b>JOB START DATE:</b>  <b>COMPLETION DATE:</b>	<p align="center"><b>FEE SCHEDULE</b> Resolution No. 3879 adopted 7/14/11 Fees to be calculated by Staff</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td><b>Non-Construction Items</b></td> <td align="right"><b>\$59.00</b></td> </tr> <tr> <td><b>Construction Items</b></td> <td></td> </tr> <tr> <td>    Project Valuation</td> <td></td> </tr> <tr> <td>        \$0.00 - \$1,500</td> <td align="right"><b>\$85.00</b></td> </tr> <tr> <td>        \$1,501 - \$50,000</td> <td align="right"><b>\$86.00 + 5%</b></td> </tr> <tr> <td>        Over \$50,001</td> <td align="right"><b>\$2,500 + 3%</b></td> </tr> <tr> <td><b>Utilities</b></td> <td></td> </tr> <tr> <td>    Minor &amp; local roads</td> <td align="right"><b>\$290.00</b></td> </tr> <tr> <td>    Arterial roads</td> <td align="right"><b>\$110.00/hour</b></td> </tr> <tr> <td><b>Other Projects</b></td> <td align="right"><b>\$110.00/hour</b></td> </tr> </table> <p align="right"><b>PERMIT FEE:</b> _____</p> <p align="right"><b>5% Technology Fee:</b> _____</p> <p align="right"><b>TOTAL:</b> _____</p>	<b>Non-Construction Items</b>	<b>\$59.00</b>	<b>Construction Items</b>		Project Valuation		\$0.00 - \$1,500	<b>\$85.00</b>	\$1,501 - \$50,000	<b>\$86.00 + 5%</b>	Over \$50,001	<b>\$2,500 + 3%</b>	<b>Utilities</b>		Minor & local roads	<b>\$290.00</b>	Arterial roads	<b>\$110.00/hour</b>	<b>Other Projects</b>	<b>\$110.00/hour</b>
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<b>STAFF NOTES:</b>  Fee Calc:  + 5% IT Fee = \$  Total:																					

Call the Public Works Department at (831) 475-7300 twenty-four (24) hours in advance of scheduling an inspection.

Any person, firm or corporation encroaching into the public right-of-way, or water course to do work, store materials, erect or place any structure is required to obtain an Encroachment Permit when such activity is covered under Capitola Municipal Code, Section 12.56.010

<b>DATE</b>	<b>APPROVED BY</b>	<b>PERMIT NUMBER</b>
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<b>CERTIFICATE OF INSURANCE AND LICENSE COMPLIANCE</b>
DIRECTIONS: Check the appropriate statement for each section below.
<b>WORKER'S COMPENSATION</b> (Labor Code Section 3800)
<input type="checkbox"/> 1.a. I have attached a certificate of insurance which shows that I carry Worker's Compensation Insurance for work to be done under this permit.
<input type="checkbox"/> b. I have on file with the Capitola Public Works Department a certificate of insurance as described in (a) above.
<input type="checkbox"/> 2. I have attached a certificate of consent to self-insure issued by the Director of Industrial Relations.
<input type="checkbox"/> 3. I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California.
<b>COMPREHENSIVE GENERAL AND AUTO LIABILITY</b>
<input type="checkbox"/> 1.a. I have attached a certificate of insurance which shows that I carry General and Auto Liability, (\$500,000 minimum each for Personal injury and Property Damage), for work to be done under this permit. The above named certificate of insurance shall name the City of Capitola as an additional insured.
<input type="checkbox"/> b. I have on file with the Capitola Public Works Department a Certificate of Insurance as described in (a) above.
<input type="checkbox"/> 2. As a public utility agency we are exempt.
<b>CONTRACTOR'S LICENSING</b> (Business and Professions Code Section 7031.5)
<input type="checkbox"/> 1. As the applicant, I am licensed under the provisions of the Contractor's License Law. My license number _____ in classification _____ is in full force and effect.
<input type="checkbox"/> 2. I am exempt from the "License Required" provisions of the Contractor's License Law, State basis of exemption:

I understand that this permit is automatically revoked at any time when I am required to have Worker's Compensation Insurance but do not. I agree to indemnify and hold harmless the City of Capitola against liabilities, judgments, costs, and expenses which may in any way accrue against said City in consequence of granting this permit.

Signature of Applicant/Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Worker's Compensation Certificate verified by: \_\_\_\_\_ Date: \_\_\_\_\_