



**PUBLIC WORKS DEPARTMENT  
APPLICATION FOR ENCROACHMENT PERMIT  
2007-08**

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

JOB ADDRESS: PERMITEE: MAILING ADDRESS:  CONTRACTOR: ADDRESS:	DATE: TELEPHONE: FAX: STATE LICENSE NUMBER: TELEPHONE:
APPROXIMATE STARTING DATE:	APPROXIMATE COMPLETION DATE:

DESCRIPTION OF WORK:	<b>PERMIT FEE SCHEDULE:</b> Non-Construction Items <span style="float: right;">\$54</span> (includes materials storage within right-of-way, debris box and temporary road or sidewalk closures) Construction Items: \$0 to \$1,500 valuation <span style="float: right;">\$80</span> \$1,500 to \$50,000 valuation <span style="float: right;">\$80 plus 5% value over \$1,500</span> over \$50,000 valuation <span style="float: right;">\$2,000 plus 3% value over \$50,000</span>  TOTAL VALUATION: _____  <i>(Note: Valuation is based upon approved engineer's estimate.)</i>  <b>UTILITY FEES:</b> Connections /Minor & Local Roads <span style="float: right;">\$267</span> Arterial Road Connections Inspection estimation @ \$110 per hr. All other projects Inspection estimation @ \$110 per hr.  <b>TOTAL PERMIT FEE:</b>
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NOTES
1. Inspections may be requested by notifying the Public Works Department (831) 475-7300, Twenty-four (24) hours notice is required in order to schedule inspection. 2. 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

DATE:	APPROVED BY:	PERMIT NUMBER:
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CERTIFICATE OF INSURANCE AND LICENSE COMPLIANCE
DIRECTIONS: Place an "X" next to the appropriate statement under both the Worker's Compensation section and the Contractor's Licensing section below. Fill in any blanks in the statement where your "X" is. Sign and date this form after you have read everything on it.
<b>WORKER'S COMPENSATION (Labor Code Section 3800)</b> <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 (Business and Professions Code Section 7031.5)</b> <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: \_\_\_\_\_