



# Encroachment Permit Application

## PUBLIC WORKS DEPARTMENT

336 Pacific Avenue, Shafter, CA 93263  
Tel: (661) 746-5002  
Email: [encroachmentpermit@shafter.com](mailto:encroachmentpermit@shafter.com)



PERMIT NO _____
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**Please Check One:**     **Property Owner**     **Utility Company**     **Contractor**     **Other**

Name \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
CA License No. \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date \_\_\_\_\_ Business License No, if applicable \_\_\_\_\_

**Nature or description of the encroachment for which this application is made (attach a separate sheet if needed):**

\_\_\_\_\_

**Location of the proposed encroachment (include drawing(s) and exact dimensions on a separate sheet) or use space provided:**

\_\_\_\_\_

**Proposed Encroachment:**    Start Date: \_\_\_\_\_ Time: \_\_\_\_\_    Finish Date: \_\_\_\_\_ Time: \_\_\_\_\_

**INDEMNIFICATION**

Applicant agrees that if this application is granted, applicant will indemnify, save and hold harmless the City of Shafter ("City"), and each of City's officials, officers, employees, city council members, agents, board members, commissioners, contractors and authorized volunteers (collectively "City Agents") against and from any and all suits, actions, damages, judgments, claims, demands, expenses (including actual out-of-pocket legal fees), losses, penalties, fines, liabilities, debts, costs and expenditures, and against any and all loss or liability which the City of Shafter or such City agents may suffer, or which may be recoverable from, or obtainable against the City of Shafter or such City agents, from loss, damage, or injury to persons or property in any manner proximately caused by, arising out of, allegedly arising out of, incident to, or connected to any acts, omissions, or misconduct in connection with the placing, erection, maintenance or existence of said encroachment.

Initials
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Applicant further agrees that upon the expiration of the permit for which this application is made, if granted, or upon the revocation thereof by the City, applicant will at his own cost and expense remove the same from the public property or right-of-way where the same is located, and restore said public property or right-of-way to the condition as nearly may be in which it was before the placing, erection, maintenance or existence of said encroachment.

Initials
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Applicant shall submit or require their contractor to submit both proof of workman's compensation insurance and a commercial general liability insurance policy, in the amount not less than one million dollars (\$1,000,000) per occurrence with a general aggregate not less than two million dollars (\$2,000,000). The insurance carrier must have a Best's rating on Excellent A-and be size VII or larger and licensed and admitted to do business in the state of California. The policy shall name the "City of Shafter, its officers, employees, city council members, agents, boards and commission" as additional insured.

Initials
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Applicant shall submit a traffic control plan for both vehicular and pedestrian traffic for all work in the public right-of-way. The plan and its controls shall follow the latest edition of the Manual of Uniform Traffic Control Devices (MUTCD).

Initials
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California Government Code Section 4216 requires an INQUIRY IDENTIFICATION NUMBER be assigned to every person planning to conduct an excavation in a Public Right-of-Way or Private Easement. If applicable, the applicant shall call the "USA" Regional Notification Center at 1-800-227-2600 a minimum of two (2) days prior to commencing that excavation. Pursuant to Title 12 of the Shafter Municipal Code, the undersigned hereby applies for a permit to place, erect, and/or maintain an encroachment on public property right-of-way as therein defined.

Initials
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In the event that a homeowner intends to replace broken sidewalk within the public right-of-way in front of their residence, and/or install infill sidewalk that is not part of a development or planned improvements by the City, a no-fee encroachment permit may be approved and granted. Please coordinate with Staff to determine if a no-fee permit would be applicable for a portion of or the entire scope of any proposed improvements. Applicant must follow the City of Shafter's Subdivision Engineering & Design Manual. If the applicant fails to meet the requirements or excessive re-inspections are performed, the applicant will be charged a retro-active permit fee and re-inspection fees incurred.

Initials
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Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

*I hereby certify that I have made an investigation of the facts stated in the foregoing application and find that the maintenance of said encroachment (1) will not substantially interfere with the use of the public place where the same is to be located and (2) will not constitute a hazard to persons using said public place.*

Date: \_\_\_\_\_ City Engineer: \_\_\_\_\_

PERMIT NO  
\_\_\_\_\_

Use this space to draw/sketch proposed encroachment:

**OFFICE USE ONLY (Do Not Write Below This Line)**

**CONDITIONS:** All Work shall be performed in accordance with City Standards applicable at the time of application and the City Engineer. Any additional conditions shall be listed below:

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**INSPECTION RECORD AND COMMENTS**

DATE	NOTES/COMMENTS	INSPECTED BY

Origination Fee	Additional Services and Fees		Payment Record
<input type="checkbox"/> \$75 <input type="checkbox"/> Waived <input type="checkbox"/> Special/Expedited \$ _____ Receipt _____ Date _____ Received By _____	Minor Encroachment Fee <input type="checkbox"/> \$75 Plan Review <input type="checkbox"/> \$96 Inspection Fee \$16 One-day Oversize Load Permit	Major Encroachment Fee <input type="checkbox"/> \$310 Plan Review <input type="checkbox"/> \$621 Inspection Fee \$90 Annual Oversize Load Permit	<input type="checkbox"/> Cash <input type="checkbox"/> Waived <input type="checkbox"/> Check No _____ Receipt _____ Date _____ Received By _____