



CITY OF SONORA
94 N. WASHINGTON STREET
SONORA, CA 95370
(209) 532-3508 - PHONE
(209) 532-3511 - FAX

PERMIT # _____
FEE \$ _____
Acct # 001-2000-41260

APPLICATION FOR ENCROACHMENT PERMIT(S)

The undersigned hereby applies for permission to encroach on a City Street, right-of-way, or roadway during the construction or improvement of/to:

CHECK ONE

- PRIVATE DRIVEWAY** **PARKING APRON** **COMMERCIAL DRIVEWAY**
 STREET CUT/UTILITY TRENCH **TEMPORARY USAGE** **LANDSCAPE**
 SIDEWALK - **COMMERCIAL** **RESIDENTIAL** **PRIVATE ROAD**
 LANE CLOSURE **NON-EXCLUSIVE USE** **OTHER**

NOTE: ENGINEERED PLANS MAY BE REQUIRED IN SOME CASES. SEE ENCROACHMENT PERMIT INSTRUCTIONS FOR DETAILS

LOCATION

Street Address _____ **APN:** _____

Applicant hereby agrees to complete all work(s) in accordance with regulations contained in the City of Sonora Ordinance Code, Chapter 12.04, California Streets & Highways Code, Chapters 5.5, & 6, the special provisions listed in the approved permit and that all work shall be subject to the standard encroachment permit provisions & conditions. All work(s) shall be inspected and approved by the City of Sonora Building Department, Street Superintendent or the Sonora City Engineer.

INSTRUCTIONS TO APPLICANT

Clearly mark the encroachment location with two (2) “flagged” stakes. One on each side of the driveway or area of encroachment, where it meets (or within) the Sonora City Right-of-Way.

THIS APPLICATION MUST BE ACCOMPANIED BY THREE (3) PLOT PLANS OR (3) SKETCHES SHOWING THE LOCATION OF THE PROPERTY AND THE ENCROACHMENT AS PROPOSED. ENGINEERED PLANS WILL BE REQUIRED ON ALL MAJOR WORK.

A TRAFFIC CONTROL PLAN CONFORMING TO THE “CALTRANS” MANUAL OF TRAFFIC CONTROLS, WILL BE REQUIRED FOR LANE CLOSURES AND CONSTRUCTION ON HIGH VOLUME (OVER 2000 VPD) AND ALL COMMERCIAL/DOWNTOWN STREETS. A CERTIFICATE OF GENERAL LIABILITY INSURANCE IS REQUIRED FOR ALL CONSTRUCTION PERMITS WITHIN THE PUBLIC RIGHT OF WAY. SEE CITY COUNCIL POLICY FOR LIMITS AND OTHER REQUIREMENTS.

OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP _____

(CONTINUED ON OTHER SIDE)

CONTRACTOR/*AGENT NAME:

***If you are an agent, a letter of authorization from the property owner must be submitted along with this application**

CONTRACTOR'S LICENSE # _____

CONTRACTOR/AGENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

SIGNATURE OF OWNER/AUTHORIZED AGENT _____

DATE: _____

Authorization Letter Received

CITY USE ONLY

Issue Date: _____ () No Encroachment Required.

Date Occupied or Completed: _____

Insurance Required () () Not Required Amount: \$ _____

Engineered Plans Required () () Not Required

SIGNATURE: _____ **TITLE:** _____

DISTRIBUTION: City Engineer
Street Superintendent
City Building Official