

Before beginning any digging authorized by this permit, you must call Underground Services Alert (USA) at 1-800-227-2600 for buried utilities

**City of Larkspur
Department of Public Works**

Permit No. _____
Date Issued _____
Expiration Date _____
Receipt No. _____
Fee \$ _____

ENCROACHMENT PERMIT

PROJECT ADDRESS: _____ Contractor's Name/Company: _____
Assessor's Parcel No. _____ Contractor's Address: _____
Owner's Name: _____
Owner's Address: _____ Phone Number(s): _____
Phone Number(s): _____ License Number: _____

I, the undersigned, hereby apply for permission to execute, place, construct, and/or otherwise encroach upon City public lands or rights-of-way, located within the corporate limits of the City of Larkspur, by performing the following described work (attach reference drawings and indicate square footage or linear footage or area, if applicable):

Proposed completion date: _____

I, further, agree to comply with all ordinances of the City of Larkspur and State laws pertaining to the above application, and hereby agree that in the event of injury to persons or property by reason of the above work, I agree to defend, indemnify and hold harmless the City of Larkspur, employees, agents, representatives & officials thereof, free from all liability against any and all such claims which might be asserted against it, or them, by reason of such injury, except when resulting from the sole negligence or willful misconduct of the City, it's officers, representatives, agents, or employees.

I further agree to remove said encroachment within a reasonable time, after written notice from the Department of Public Works to do so. Said removal to be at my expense.

I agree to comply with any conditions set as a condition of approval and understand non-compliance will be cause for revocation of this permit. I understand this authorization for encroachment may be revoked at any time for any reason.

I agree to exercise care not to damage existing property. Any damage caused shall be paid for at my expense. Damage shall be repaired to the satisfaction of the Director of Public Works.

Contractor shall provide a one year guarantee for all work done under this permit.

Applicant's Signature: _____ Date: _____

RECOMMENDATIONS BY: _____ APPROVED BY: _____

Date: _____ Date: _____

Additional Comments/Conditions: _____

The following inspections are required: _____

[] Storm water pollution information attached

Contact Public Works at 927-5017 48 hours prior to schedule inspections.

