



Town of Ross

Department of Public Works

P. O. Box 320, Ross, CA 94957

Telephone (415) 453-1453 Fax (415) 460-9761

www.townofross.org

ENCROACHMENT PERMIT APPLICATION

APPLICATION DATE: _____ APN: _____

LOCATION OF WORK OR ENCROACHMENT: _____
No. Street City/Town

NEAREST CROSS STREET: _____ # OF DAYS OF ENCROACHMENT: _____

STARTING DATE: _____ COMPLETION DATE: _____

THE UNDERSIGNED HEREBY APPLIES FOR PERMISSION TO PERFORM THE FOLLOWING DESCRIBED WORK AND/OR OTHERWISE ENCROACH ON A LOCAL AGENCY RIGHT-OF-WAY (ROW):

DESCRIPTION OF WORK OR ENCROACHMENT (Include plans or sketch)

Check all that apply to the project and provide a written description:

- Driveway Approach Landscaping Curb/Gutter/Sidewalk Debris Box
- Gas Utility Water Utility Sewer Utility Special Event

Will work Require a Traffic Control Plan: Yes No

Will construction conform to the Marin County Standards: Yes No Other _____

Describe the work: _____

If the project includes excavation, storage, etc, within the Town Right-of-way, street or sidewalk, or requires traffic control, the applicant shall include a set of plans for the work to be done. If no plans exist, then provide a drawing or sketch of sufficient quality and with enough information to allow town staff to assess the location and nature of the work being done, and to locate the work during a pre-construction site visit.

I, further, agree to comply with all ordinances of the Town of Ross, County, State, and Federal 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 Town of Ross, 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 Town, 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 Town.

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

Please note that e-mail is the preferred method of communication that the Town will use to communicate. If this presents a problem, please indicate this when submitting the application to the public works department.

PROPERTY OWNER INFORMATION:

OWNER'S NAME: _____

MAILING ADDRESS: _____

CONTACT INFORMATION: _____
Daytime Phone Email Address

CONTRACTOR/APPLICANT INFORMATION: (NOTE: be sure to provide legible contact e-mail address)

CONTRACTOR'S NAME: _____ Contractor's License No: _____

CONTACT INFORMATION: _____
Daytime Phone Email Address

TOWN of ROSS
BUSINESS LICENSE #: _____

MAILING ADDRESS: _____

APPLICANT'S SIGNATURE: _____
SIGNATURE PRINT NAME DATE
