Department of Public Works
City Facilities Architectural Services
200 East Santa Clara Street, 6th Floor
San Jose, CA 95113
(408) 535-8350

DATE:_____
PERMIT #:_____

PROJECT APPROVAL AND REVOCABLE ENCROACHMENT PERMIT

General Information		
Project Address (and attach a site specific sketch)	Assessor Parcel Number(s)	
Major Intersection	Project Amount: $	
Reason for Encroachment (generally describe nature and purpose of proposed encroachment)		
Applicant Information		
Permittee	Phone Number	Fax Number
Mailing Address	E-mail Address	
City/ State/ Zip		
Project Contact Person	Phone Number	Fax Number
Mailing Address	E-mail Address	
City/ State/ Zip		
Contractor Information		
License Number	License Class(es)	
Company Name	Phone Number	Fax Number
Mailing Address	E-mail Address	
City/ State/ Zip	Business License Number	
Licensed Contractors Declaration: I hereby affirm *under penalty of perjury* that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect. Date: Contractor Signature:		
Exhibit A		
☐ Attach Certificate of Insurance ☐ Attach Contractor's Bond for Faithful Performance ☐ Attach Contractor's Payment Bond ☐ Attach Notification of Compliance with Insurance Requirements		
City Fees		
Fees shall be paid in the form of a company check made payable to the City of San Jose. City Fees: $		

Print Form

Permit Conditions

Pursuant to Title 13, Chapter 13.32, Section 13.36.020 of the San Jose Municipal Code, permission is granted by the City to encroach in City right-of-way as described on the previous page and subject to

1. All work performed under this permit shall be in accordance with the standard specifications of the City of San Jose and subject to inspection and approval by the City Engineer.
2. Permittee shall call City Inspectors at _____ at least 24 hours prior to construction. The inspector for this project is _____
3. Permittee shall call Underground Service Alert (USA) 1-800-642-2444, 2 to 14 working days prior to excavation.
4. Permittee will forfeit all or part of the security deposit if the City is required to repair and/or replace any of the public improvements. Security deposits will be returned within two weeks of project acceptance.
5. Permittee shall maintain the insurance described in Exhibit "A" until accepted by construction inspection.
6. Permit expires on _____ when all work must be complete and all work accepted by construction inspection.
7. See attached special conditions. ☐

Conditions Acceptance

I certify that I have read this application and state the above information is correct. I agree to comply with all city and county ordinances and state and federal laws relating to building construction and hereby authorize representatives to enter upon the site identified above for inspection and project acceptance purposes.

Signature of Applicant/ Agent: _____ Date: _____

Printed Name of Applicant/ Agent: _____

Permit Approval

Signature of Project Engineer: _____ Date: _____

Printed Name of Project Engineer: _____

Project Completion

Inspectors Comments:

Accepted By Construction Inspection:

Signature of Inspector: _____ Date: _____

Printed Name of Inspector: _____