



CITY OF TRACY
 Development Services
 333 Civic Center Plaza
 Tracy, California 95376

Telephone: (209) 831-6400 Fax: (209) 831-6439
 Email: encroachment@cityoftracy.org

ENCROACHMENT PERMIT

Permit No.: _____ Date of Issuance: _____

Permit Valid Up To: _____ BY: _____

Inspection Fee: _____ Permit Fee: _____

Engineering Fee: _____ Miscellaneous Permit Fee: _____

Compaction Fee: _____ Performance Bond: _____

This permit is hereby issued to encroach on the _____ side of _____
 _____ for the purpose of _____

TOTAL NUMBER OF WORK DAYS REQUESTED-

Name of Applicant: _____ Telephone: _____ Email: _____

Address: _____ Fax: _____

Field Superintendent: _____ Cell Number: _____

CONDITIONS OF PERMIT

1. The Permittee shall notify **Construction Inspection Division at (209) 229-6400**, forty-eight (48) hours prior to start of work pertaining hereto.
2. The Permittee agrees to perform work under this permit in accordance with the prevailing City Standards, Specifications and shall comply with all existing codes and policies.
3. Permittee shall notify Police & Fire Departments before starting construction of anywork.
4. If construction is not started within 90 days from the issue date, this permit will be void unless otherwise stated in the special conditions.
5. Tentative starting date _____
6. Tentative completion date _____
7. Contractors must display name and phone number at work site – and provide copy of permit on request.
8. The cost of emergency work required to restore unsatisfactory construction that becomes a hazard will be charged to the Permittee.
9. Replace full concrete sidewalk squares, as required, by sawcutting along score marks.
10. Compaction tests shall be required on backfilled trenches at the expense of the Permittee, contact Construction Inspection at (209) 229-6400.
11. Traffic control shall be in accordance with the Caltrans MUTCD.
12. Trenching and resurfacing is to comply with Standard Plan No. 501.
13. The time of construction will be limited between the hours of 7:30 A.M. and 4:30 P.M., Monday to Friday, unless there is a lane closure or close proximity to a school, in which case hours will be 9:00 A.M. – 2:30 P.M. Any request for work beyond the hours noted herein and any work on the weekends and holidays will require prior approval from the City. The Permittee shall pay for all additional City inspections beyond the normal working hours.
14. City inspections shall be performed Monday-Friday between 8:00 A.M. and 5:00 P.M. Any inspection performed beyond these hours, in accordance with Condition 13 of this permit, will be considered overtime and will be paid by the Permittee in advance to the Development Services Department.
15. Non-compliance of City Codes, Plans, Specifications and conditions of this permit may result in fines and penalties as established by the City Council.
16. Permittee shall comply with the following special conditions: _____

**ADVANCE NOTICE REQUIRED FOR ANY CONSTRUCTION (INCLUDING CONES/SIGNS)
 IN FRONT OF ALL TRACER BUS STOPS. APPLICANT MUST PROVIDE 5 DAY NOTICE BEFORE BEGINNING WORK**
 CONTACT TRANSIT DIVISION: ED LOVELL | (209) 831-6204 | ed.lovell@cityoftracy.org
 JAYNE WARD | (209) 831-6214 | jayne.ward@cityoftracy.org
 BRANDI REYBOL | (209) 831-6236 | brandi.reybol@cityoftracy.org

This permit is issued pursuant to all provisions of City of Tracy Municipal Code. This permit is granted upon the express condition that the Permittee shall be responsible for all claims and liabilities arising out of work performed under the permit or arising out of Permittee's failure to perform the obligations with respect to street maintenance. The Permittee shall, and by acceptance of the permit agrees to, defend, indemnify, save and hold harmless the city, its officers and employees, from and against any and all suits, claims or actions brought by any person for or on account of any bodily injuries, disease or illness or damage to persons and/or property sustained or arising in the construction of the work performed under the permit or in consequence or Permittee's failure to perform the obligations with respect to street maintenance.

Permittee agrees to abide by the provisions of this permit.

PERMITTEE'S NAME (PRINT)

PERMITTEE'S SIGNATURE

DATE

Prior to excavation, Contractor must contact the following to have below-ground facilities located (48 hours prior to work):

UNDERGROUND SERVICE ALERT

Toll Free: (800) 227-2600
Boyd Service Center
(209) 831-4420

Note: You are notified that Section 6500 of the Labor Code requires the issuance of a permit by the Division of Industrial Safety of the State of California prior to the construction of any trench or excavation which is five feet or deeper and into which a person is required to descent. Excavation in city street areas without an excavation permit may be punishable by a fine.

Permittee agrees that they hereby accept complete responsibility for coordination with, reporting to, and complying with the direction of, any and all boards or districts, including but not limited to, San Joaquin County Local Health District and California Regional Water Quality Control Board, or any other regulatory agency having jurisdiction or authority over soil or ground water contamination such as that currently found at the site of this work, including the preservation of the health and safety of persons working near or in any trench or excavation or on the surface of the construction project, or any persons passing by or observing, or any persons living in the vicinity of the construction project, for any reason whatsoever that may adversely, or otherwise affect the health or safety, now and in the future, of these persons or group of persons.

Furthermore, Permittee hereby accepts complete responsibility for disposal of any petroleum affected soils, or ground water, including reporting to and complying with the requirements of any, or all, of the stated, or any other, regulatory agencies as discussed above.

CITY INSPECTOR'S COMPLETION REPORT NUMBER-

Date of Completion: _____

Concrete: _____

Asphalt: _____

Sidewalk: _____

Backfill: _____

Paving: _____

Size of Cut

Sq. Ft. _____

Inches: _____

Paved By: _____

INSPECTOR SIGNATURE: _____

Remarks: _____
