



# ENCROACHMENT PERMIT REQUEST

City of Redding  
777 Cypress Avenue  
Redding CA 96001  
Telephone:  
(530) 245-7007  
FAX: (530) 225-4507

All information must be completed to allow staff to prepare the Encroachment Permit properly. **PARTIAL APPLICATIONS WILL NOT BE ACCEPTED.** If you have questions about this permit, contact the Permit Center at (530) 225-4030.

TODAY'S DATE: \_\_\_\_\_

| CONSTRUCTION LOCATION |       |
|-----------------------|-------|
| STREET ADDRESS:       | _____ |
| APPLICANT'S NAME:     | _____ |

| OWNER'S INFORMATION        |       |         |       |
|----------------------------|-------|---------|-------|
| Name:                      | _____ |         |       |
| Street Address / P. O. Box | _____ |         |       |
| City, State, Zip           | _____ |         |       |
| Telephone No:              | _____ | Fax No: | _____ |
| Cell No.:                  | _____ |         |       |

| CONTRACTOR'S INFORMATION   |       |         |       |
|----------------------------|-------|---------|-------|
| Name / Company Name:       | _____ |         |       |
| Street Address / P. O. Box | _____ |         |       |
| City, State, Zip           | _____ |         |       |
| Telephone No:              | _____ | Fax No: | _____ |
| Cell No.:                  | _____ |         |       |
| CONTRACTOR'S LICENSE No.:  | _____ | CLASS:  | _____ |
| CITY BUSINESS LICENSE NO.: | _____ | _____   | _____ |
| APPLICANT'S SIGNATURE:     | _____ |         |       |

|  |       |                     |       |
|--|-------|---------------------|-------|
| WORK START DATE:   | _____ | PERMIT ENDING DATE: | _____ |
| <b>**PROJECT VALUATION IN CITY RIGHT OF WAY</b>  |       |                     |       |
| <i>Permit fee is 5 percent of the value of the Project Valuation. With a minimum cost of \$77.00 + 5% tech surcharge. Valuation is based on labor, supplies, overhead and work performed within the City right-of-way or easement.</i> |       |                     |       |

**\*\* Project valuation must be determined 1) by attaching a signed and stamped engineer's estimate for the work, or (2) by completing the Cost Estimate Worksheet and submitting it for approval.**

|  |
|--|
| Please list other current projects or permits (grading, use permit, building permit, etc.) at this location: |
|  |

| DESCRIPTION OF WORK TO BE DONE |
|--------------------------------|
|                                |

1. Attach a map showing requested encroachment area (2 copies)
2. If road closure may be necessary, permit request must be submitted a minimum of 72 hours before work starts to allow for notification of emergency services and residents.
3. Attach a traffic plan (with north arrow, date, and signature as needed). *Traffic plan must conform to California M.U.T.C.D., Part 6*, available on line @ [http://www.dot.ca.gov/hq/traffops/signtech/mutcdsupp/ca\\_mutcd.html](http://www.dot.ca.gov/hq/traffops/signtech/mutcdsupp/ca_mutcd.html)
4. If a road closure is being requested it must be approved by the City Traffic Division before issuance of Encroachment Permit. Permittee will be required to contact Shascom, RABA, and nearby residents.