# APPLICATION FOR ENCROACHMENT PERMIT

To perform work or encroach on a City Street, Easement, or Property

To: CITY OF PLYMOUTH
P.O. Box 429
Plymouth, CA 95669

Date: _____

Applicant's/Contractor's Name: _____

Address: _____ Phone No: _____

Cost Estimate of Work: $ _____

The applicant hereby applies for permission to excavate, construct, and/or otherwise encroach on a City street, right of way, easement or property, by performing the following work:

LOCATION OF ENCROACHMENT:

AP# _____

TYPE OF ENCROACHMENT:

Excavation _____
UG Utility _____
Obstruction _____
Water/Sewer _____
Road/Driveway _____
Other (explain) _____

Sketch in Space Below: (Submit plans when required.)

Estimated starting date: _____

Estimated completion date: _____

The applicant agrees to do the work proposed in accordance with the accompanying conditions and regulations regarding encroachments.

_____
Signature of Applicant

**APPLICANT'S RELEASE AND INDEMNIFICATION STATEMENT**

The APPLICANT hereby releases and agrees to defend, hold harmless, and indemnify the CITY OF PLYMOUTH (CITY) its officers, agents, employees, and any of its representatives, from and against any injuries, deaths, damage, and liability whatsoever resulting from the performance or non- performance of any work to be done in and upon easements or right-of-ways of said CITY and upon the premises adjacent thereto pursuant to this PERMIT, and also from any injuries and deaths of persons and injuries to property or other interests and all claims howsoever same may be caused and whenever the same may appear, either directly or indirectly, made or suffered by APPLICANT or his agents while engaged in the performance of said work.

APPLICANT'S contractors shall provide to CITY evidence of an insurance policy which meets with the approval of the CITY. The minimum limits of such shall be in the amount of$1,000,000 for the death of or injury to any person and $1,000,000 for the death or injury to more than one person in any one accident. Said policy shall be in favor of APPLICANT or its contractors and of CITY. Said policy shall state by its terms and by an endorsement that said policy shall not be canceled until CITY shall have a least thirty (30) days notice in writing of such cancellation.

Insurance is to be placed with insurers with a current A.M.. Best's rating of no less than A:VII.

Applicant's Name: _____

Address_____

Phone #: _____

Permit No._____