

eCAPS #	MINOR ENCROACHMENT PERMIT APPLICATION CONSTRUCTION	Permit # ENC
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O W N E R	NAME / POINT OF CONTACT	PHONE	EMAIL		
	BUSINESS NAME				JOB NO. / WORK ORDER NO.
	MAILING STREET ADDRESS		CITY	STATE	ZIP

C O N T R A C T O R	BUSINESS NAME				LICENSE NO.
	MAILING STREET ADDRESS		CITY	STATE	ZIP
	CONTRACTOR POINT OF CONTACT	PHONE	EMAIL		

S I T E	LOCATION OF WORK		EXAMPLES: - 1234 MAIN ST, SACRAMENTO, CA 95814 - MAIN ST BETW 1 ST ST AND 4 TH ST - BOUND BY 10 TH ST, 14 TH ST, U ST AND X ST		
	START DATE (APPROXIMATE)	# OF WORKING DAYS IN PUBLIC ROW	NOTE: BE AS ACCURATE AS POSSIBLE. THIS IS USED TO INVOICE FOR EXPECTED INSPECTION HOURS. DO NOT USE GENERAL 30/60/90 DAYS.		
	GENERAL DESCRIPTION OF WORK (EXAMPLE: NEW WATER & SEWER TAP, INSTALL ALLEYWAY SIGNS, TRENCH/INSTALL 180 FEET OF ELEC CONDUIT, ETC)				

S C O P E O F W O R K	SEPARATE REVOCABLE PERMIT BEING SUBMITTED FOR THESE ELEMENTS: <input type="checkbox"/> BENCH <input type="checkbox"/> BIKE RACK <input type="checkbox"/> MONITORING WELL <input type="checkbox"/> SIGN <input type="checkbox"/> SIGN TOPPER <input type="checkbox"/> OTHER: _____						
	<input type="checkbox"/> SIDEWALK / DRIVEWAY	WIDTH (ft)	LENGTH (ft)	DEPTH (in)	MATERIAL (Concrete/Asphalt)		
	<input type="checkbox"/> CITY OR COUNTY CONNECTIONS / TAPS	INCLUDE BOTH AGENCY AND FACILITY IN DESCRIPTION. FOR EXAMPLE: 'CITY WATER' OR 'SASD SEWER'.					
		DESCRIPTION	DIAMETER (in)	LENGTH (ft)	MATERIAL	TAP TYPE	INSTALL METHOD
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	<input type="checkbox"/> NON-CITY UTILITY	UTILITY COMPANY (SMUD/PG&E/ETC)		WORK TO BE PERFORMED <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> BELOW GROUND <input type="checkbox"/> BOTH			
		<input type="checkbox"/> UNDERGROUND LINE	LINE TYPE	DIA (in)	LENGTH (ft)	MATERIAL	INSTALL METHOD
		<input type="checkbox"/> UNDERGROUND STRUCTURE	TYPE (MH/PB,ETC)		DESCRIPTION		
		<input type="checkbox"/> ABOVE GROUND STRUCTURE OR LINES	DESCRIPTION				
	<input type="checkbox"/> ROADWAY TRENCHING	WIDTH	LENGTH		DEPTH		
<input type="checkbox"/> SMALL CELL SITE	NAME	CITY POLE No.	PRIVATE POLE OWNER	ADDITIONAL INFO			
<input type="checkbox"/> BANNERS	APPLICANT	TOTAL NO.	DATE RANGE		<input type="checkbox"/> MAP INCLUDED <input type="checkbox"/> REV PERMIT REQ.		
<input type="checkbox"/> OTHER	DESCRIPTION						

RELATED BUILDING / PW PERMITS: _____

OWNER'S SIGNATURE: _____ **DATE:** _____

By signing this application, Owner agrees to comply with the requirements of Sacramento City Code Chapter 12.12. The Code can be found at: <http://www.qcode.us/codes/sacramento/>.

Final Processing:

1. Owner and Contractor will be notified by email or phone call when permit has been approved.
2. Approved permits will remain active a maximum of 60 calendar days from approval date or until the Estimated Start Date listed, whichever occurs first.
3. Contractor is required to contact the Construction Inspection Help Desk at 916-808-6810 a minimum of 1 week prior to the requested start date of work to schedule a preconstruction meeting.
4. If Contractor has not called the Construction Inspection Help Desk as required by #2 and #3 above, the permit status will change to EXPIRED.
5. The Owner or Contractor may request the City to delay the start date of the project, request an extension of the project duration, or make other modifications to the application by submitting the request in writing by sending an email to Encroachments@cityofsacramento.org. Please include the project address and ENC # in the Subject Line of the email.

STAFF USE ONLY

PERMIT DEPOSIT \$	CITY APPROVER	RECEIVED DATE	APPROVED DATE
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A D D I T I O N A L I N F O	<input type="checkbox"/> CERTIFICATE OF INSURANCE	<input type="checkbox"/> GENERAL LIABILITY - \$500K COMBINED SINGLE LIMIT <input type="checkbox"/> STANDARD ACCORD FORM ON COMPANY LETTERHEAD <input type="checkbox"/> SIGNED BY AGENT <input type="checkbox"/> CITY OF SACRAMENTO LISTED AS CERTIFICATE HOLDER <input type="checkbox"/> CITY OF SACRAMENTO, ITS OFFICIALS, AGENTS, EMPLOYEES & VOLUNTEERS LISTED AS ADDITIONAL INSURED <input type="checkbox"/> ADDITIONAL INSURED ENDORSEMENT <input type="checkbox"/> A.M. BEST GUIDE RATING OF A-VII OR BETTER <input type="checkbox"/> ISSUE DATE, POLICY'S EFFECTIVE DATE, EXPIRATION DATE LISTED	
	<input type="checkbox"/> OTHER AGENCY PROJECT	AGENCY NAME	RECORD DRAWING / AS-BUILT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> BOND REQUIRED	CONSTRUCTION COST	BOND AMOUNT
	<input type="checkbox"/> REVOCABLE PERMIT REQUIRED	REV PERMIT NUMBER	DATE APPROVED