



ENCROACHMENT PERMIT

CITY OF SANTEE

TO SCHEDULE INSPECTIONS:
Call: (619) 258-4100 ext 168

PERMIT NO: N2020-

EFFECTIVE DATE:

EXPIRATION DATE:

PERMITTEE	Company Name:		
	Contact Name:		Contact Title:
	Address:		
	City:	State:	Zip:
	Phone:	Email:	

CONTRACTOR	Company Name:		
	Contact Name:		Contact Title:
	Address:		
	City:	State:	Zip:
	Phone:	Email:	
	City Business Lic.:	State Contractor's Lic#:	
	Certificate of Insurance:		

DESCRIPTION OF WORK

Work to be done:

Location:	Assessor's Parcel No:	
Closest Street Address:	Nearest Cross Street:	
Reference Plan:	Project No:	
Reason for Encroachment:		
Est. Start Date:	Est. Completion Date:	Duration Requested:

*An encroachment permit is hereby granted pursuant to the Santee Municipal Code, for the benefit of property described to encroach upon public right of way for the work described above. In consideration of the granting of this encroachment permit, the applicant covenants and agrees to conditions described in **Exhibit A** attached as part of this permit. For encroachments requiring restoration to City facilities, the applicant further agrees to conditions described in **Exhibit B**.*

This Agreement, made and entered into this ____ day of _____, 20____ by and between the City of Santee, a municipal corporation, and the Permittee. Whereas, as conditions contained in this encroachment permit, Permittee has read, understand and agree to the terms of said permit.

PERMITTEE

Signature: _____ Title: _____

CITY OF SANTEE

Granted by: _____ Title: _____

(FOR CITY USE ONLY)

TYPE OF ENCROACHMENT PERMIT			FEES AND SECURITIES	
Utilities		Temporary	FCR or Fee?	
Construction		Permanent (Record)	Issuance Fee	\$
Security Deposit Account:			Inspection Fee	\$
Project Deposit Account:			Security Deposit	\$
FINAL INSPECTION:			Project Deposit	\$
SECURITY RELEASED:			Total Amount	\$