

City of Los Banos

APPLICATION FOR ENCROACHMENT PERMIT

Public Works Department
545 J Street
Los Banos CA 93635

Phone: (209) 827-7000 Ext. 125
Fax: (209) 827-5921

Application Date: _____ Applicant Signature: _____

Permit Type: Sidewalk Replacement Driveway Approach Trenching Other
 Commercial Residential Zone _____

Job Address _____ Los Banos CA 93635

APN: _____ Lot # _____

Description of Job to be done _____

Actual Linear Feet _____ Valuation \$ _____

Owner's Name _____ Phone # _____

Address _____ City/State _____ Zip Code _____

Contractor _____ Phone # _____

Address _____ City/State _____ Zip Code _____

State Contractor's License # _____ Classification _____ Expiration Date _____

Encroachment Fees \$ _____ Receipt # _____

Total Fees Collected \$ _____ Date Fees Paid _____

APPROVAL REQUIRED FROM PUBLIC WORKS DEPARTMENT

Comments _____

Approved By _____ Date _____

Plot location of job being done and identifying streets

ENCROACHMENT PERMIT

Encroachment permits can only be issued to State Licensed Contractors, who fulfill all the requirements that are set forth by the Los Banos Municipal Code.

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with § 7000) of Division 3 of the Business and Professions Code and that my contractor license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker’s Compensations Insurance and lend agency information are true and correct.

Signed _____ **Date** _____

Print Name of Signer _____

License # _____ **License Class** _____ **Expiration Date** _____

WORKERS COMPENSATION DECLARATION

I hereby affirm that I have a certificate of self insure, or certificate of Worker’s Compensation Insurance, or a certified copy thereof (§ 3000, Lab C) and Liability Insurance in the amount required by Los Banos Municipal Code.

Policy No _____ Company _____

- Certified copy is hereby furnished
- Certified Copy is filed with the building inspection department of the City of Los Banos.

Applicant Signature _____ **Date** _____

NOTICE TO APPLICANT: If after making this Certificate of Exemption you should become subject to the Worker’s Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

CERTIFICATE OF EXEMPTION FROM WORKER’S COMPENSATION INSURANCE

(This section need not be completed if the permit is for \$100.00 or less)

I certify that in the performance of the work, in which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker’s Compensation Laws of California.

Applicant’s Signature _____ **Date** _____

NOTICE TO APPLICANT: If after making this certification of exemption, you should become subject to the Worker’s Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

I CERTIFY THAT I HAVE READ THIIIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BULDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Contractor's Signature _____

Dated _____