



Road Encroachment Permit Application

Permit No. _____

PART I - PERMIT APPLICATION DATA

APPLICATION DATE: _____

JOB ADDRESS: _____

APN: _____ Lot No. _____ Tract No. _____

TYPE OF WORK: _____

APPLICANT INFORMATION

Name: _____ E-mail address: _____
Check one: Owner [] Authorized Agent [] (if not owner, please complete Part II on back)

Mailing Address: _____

Telephone: (Day) _____ (Night) _____ (Cell/Fax/Pager) _____

OWNER INFORMATION

Owner: _____

Telephone: (Day) _____ (Night) _____ Pager _____

(Cell) _____ (Fax) _____ E-mail _____

Mailing Address: _____

GENERAL CONTRACTOR INFORMATION

Company Name: _____

Company Representative: _____ State License No.: _____

Telephone: (Day) _____ (Night) _____ (Pager) _____

(Cell) _____ (Fax) _____ E-mail _____

Address: _____

Worker's Comp. Insurer: _____ Exp. Date: _____

SUBCONTRACTOR OR GRADING/EXCAVATING CONTRACTOR INFORMATION

Company Name: _____

Company Representative: _____ State License No.: _____

Telephone: (Day) _____ (Night) _____ (Pager) _____

(Cell) _____ (Fax) _____ E-mail _____

Address: _____

ARCHITECT/ENGINEER

Company Name: _____

Company Representative: _____ Registration No.: _____

Telephone: (Day) _____ (Night) _____ (Pager) _____

(Cell) _____ (Fax) _____ E-mail _____

Address: _____

PART II
PROPERTY OWNER (PERMITTEE) AUTHORIZATION
(Please complete this section only if owner is not the applicant)

I/We _____ authorize and give consent to _____ to act as my/our authorized agent to apply for, sign, and receive in my/our behalf, a Road Division Encroachment/Excavation Permit. I/we understand that as the legal property owner where the encroachment/excavation is to take place, that I/we are responsible and liable for all actions, costs, and liabilities associated with this Encroachment/Excavation Permit.

Signature _____
Date

STATE OF _____ [] Notarization not Required
COUNTY OF _____

On _____, before me, a Notary Public in and for said County and State, personally appeared _____, known to me or proved to me on the basis of satisfactory evidence, to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and Official Seal _____

PART III
Signature Block

I _____ hereby make application to excavate and/or encroach in the Public Road/
(Print Name)

Right-of-Way at the location(s) and as described herein, subject to the provisions required by Ordinance No. 1491, of Santa Barbara County, applicable State or Federal Regulations, AND ANY SPECIFIED REQUIREMENTS ATTACHED HERETO.

It is agreed by the applicant that the County of Santa Barbara and any officer or employee thereof shall be saved harmless by the applicant from any liability or responsibility for any accident, loss or damage to persons or property, happening or occurring as the proximate result of any of the work undertaken under the terms of this application and the permit or permits which may be granted in response thereto, and that all of said liabilities are hereby assumed by the applicant

Signed: _____ Date: _____

For County Use Only		
Estimated Cubic Yards of excavation: Cut: _____	Fill: _____	Total: _____
Total Fees Paid: \$ _____	Receipt No.: X _____	Start Date of Work: _____