



"Preserving Our Past, Enriching Our Present, Building Our Future"

33 Broadway, Jackson, CA 95642-2301
 (209) 223-1646 / Fax (209) 223-3141
 e-mail: building@ci.jackson.ca.us

ENCROACHMENT APPLICATION

OWNER:

Name/Point of Contact:	
Business Name:	
Address:	City, State, Zip
Phone Number:	Email Address:

CONTRACTOR:

Business Name:	
Address:	City, State, Zip
Contractor License Number & Type:	Email Address:
Jackson Business License Number:	Phone Number:
Name/Point of Contact:	Phone Number:

SCOPE OF WORK:

Site Address or Primary Street: <i>Attach Map</i>	Start Date:	Duration (Days)	Completion Date:
Project Description -			
Lane Closure: <i>Attach Traffic Control Plan</i> <input type="checkbox"/> Partial Closure – off curb <input type="checkbox"/> One Lane <input type="checkbox"/> All Lanes	Hours of Closure:	Type of Encroachment: Minor or Major Excavation _____ UG Utility _____ Obstruction _____ Water/Sewer _____ Road/Driveway _____ Other (explain) _____	
Cost Estimate of Work:			
Surety Provider:	Surety Amount:		
Surety Number:			

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

Signature of Applicant

Date