



**TOWN OF LOS GATOS, PARKS & PUBLIC WORKS DEPT.**

41 MILES AVE. LOS GATOS, CA 95030 (408) 399-5771 FAX: (408) 399-5763

[WWW.LOSGATOSCA.GOV](http://WWW.LOSGATOSCA.GOV)

**ENCROACHMENT PERMIT APPLICATION**

Application Date: \_\_\_\_\_

Permit No. **EN** \_\_\_\_\_

Project Address: \_\_\_\_\_ A.P.N.: \_\_\_\_\_

Work Description: \_\_\_\_\_

Location of Work (if not at address frontage): \_\_\_\_\_

Cost of Work in the Public Right-of-Way (Required): \_\_\_\_\_ Depth of Trench: \_\_\_\_\_

Estimated Date of Completion of Work: \_\_\_\_\_ Your Job # \_\_\_\_\_

**ADDITIONAL INFORMATION:**

1. Property Owner/Applicant (circle one):

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NOTE: The information on the contractor must be supplied to the Engineering Inspector prior to the start of construction.**

2. General Contractor in charge of work at the site:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Firm: \_\_\_\_\_ Town Business License No: \_\_\_\_\_

License No.: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Any questions regarding Encroachment Permits, please call Steve Souza, Sr. Engineering Inspector at (408) 395-3430. All work in the Public Right-of-Way requires an Encroachment Permit. Failure to obtain a Permit may result in penalties per Town Code - Chapter 23, Article III, Encroachments. (It may take up to 10 working days to process this application)

**SIGNATURE OF OWNER (REQUIRED):**

\_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**SIGNATURE OF APPLICANT (IF OTHER THAN OWNER):**

\_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Indemnity Agreement Required: Yes No  
(circle one)

Date Returned: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_