

Permit No. _____



Name of Road – Road No.

COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
COUNTY TRANSPORTATION DEPARTMENT

77588 El Duna Court, Suite H, Palm Desert CA 92211 (760) 863-8267

Dennis Acuna, P.E., T.E.
Director of Transportation

APPLICATION FOR ENCROACHMENT PERMIT

Date

The undersigned hereby applies for a permit to excavate, construct and otherwise encroach on Riverside County highway right-of-way, as follows: (description of work and installation to be maintained-attach and refer to maps or other documents).

Construct and maintain _____ (Residential) (Commercial) driveway approach (s)
Qty. & Width

Address

City or Community

Asphalt Concrete Type "A" Curb Concrete Type "C" Curb

In Consideration of the granting of this application the applicant hereby agrees to:

1. Indemnify, defend and save the County, its authorized agents, officers, representatives and employees, harmless from and against and all penalties, liabilities or loss resulting from claims of court action and arising out of any accident, loss or damage to persons or property happening or occurring as a proximate result of any work undertaken under the permit granted pursuant to this application.
2. Remove or relocate an encroachment installed or maintained under this permit, upon written notice from the Director of Transportation.
3. Notify the Director of Transportation in writing at least 48 hours in advance if the time when work will be started and upon completion of the work immediately notify the Director of Transportation in writing of such completion.
4. Comply with Ordinance 499, any amendments thereto, the terms and conditions of the permit, and all applicable rules and regulations of the County of Riverside and other public agency having jurisdiction.
5. The Permittee shall accept full responsibility for complying with Federal, State and County Environmental laws receiving any necessary environmental clearance and/or permits, prior to commencing an work as authorized by this permit.

FOR USE BY TRANSPORTATION DEPARTMENT

Permit Fee _____

Name of Applicant (print or type)

Inspection Fee _____

Authorized Signature

Total _____

Mailing Address

Receipt No. _____

() _____

Phone Number