

# County of Riverside

Transportation Department  
State of California



Charissa Leach, P.E.  
Assistant CEO/TLMA Director



Mark Lancaster, P.E.  
Director of Transportation

ENC \_\_\_\_\_

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

## Application for Encroachment Permit

The undersigned hereby applies for a permit to excavate, construct and otherwise encroach on Riverside County road right of way as follows:

(Description of work and installation to be maintained – attach and refer to maps or other documents):

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Name(s) of road(s) and specific location: \_\_\_\_\_

(Applicant will state here, accurately, the location of work to be performed, giving County road, route, section, and engineer's stations, if possible.)

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 any and all penalties, liabilities or loss resulting from claims or 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 of 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 No. 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 agencies having jurisdiction.
5. The permittee shall accept full responsibility for complying with Federal, State and County environmental laws receiving any necessary environmental clearances and/or permits, prior to commencing any work as authorized by this permit.

Applicant/Owner: \_\_\_\_\_  
(Please Print)

Authorized Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Agent: \_\_\_\_\_

Agent Phone #: \_\_\_\_\_

**FOR USE BY TRANSPORTATION DEPARTMENT:**

Processing Fee \_\_\_\_\_

Inspection Fee \_\_\_\_\_

Total \_\_\_\_\_

Receipt Number \_\_\_\_\_

Security Deposit \_\_\_\_\_

Receipt Number \_\_\_\_\_