

ENCROACHMENT PERMIT

Date of Application: _____ Permit Fee: _____

Property Owner: (Please Print) _____

Street Address: _____

Phone#: _____ Alternate Phone#: _____

Contractor: _____

Address: _____

Phone#: _____ Alternate Phone#: _____

Insurance Carrier & Policy # _____

Contractor's State License # _____

Contractor's City License # _____

Type of cut: Water: _____ Sewer: _____ Culvert: _____ Other: _____

Start date: _____ Completion date: _____

Please state the approximate size and dimensions of the cut to be made: ATTACH PLAN/DRAWING

ATTACH TRAFFIC/SAFETY PLAN

Blue Stakes Verification #: _____

Name and number of town road: _____

or location of sidewalk or bike path or curb and gutter to be cut:

The UNDERSIGNED hereby agrees to do all specified herein and be in full compliance with the Town of Garden City specifications for road or other cuts. The PERMITTEE further agrees not to alter same unless such alterations are submitted to and approved by the Town of Garden City. The PERMITTEE further agrees to protect the city property/asphalt/concrete by using mats or rubber tracks. The OWNER and CONTRACTOR also agree, if granted this permit, to hold the Town of Garden City harmless from any and all liability for any work done under the granting of this permit or otherwise arising from the construction and restoration of the road or other cut, and CONTRACTOR will defend the Town of Garden City from any action, suits and claims brought against them and to pay any judgments or recoveries against the Town of Garden City.

Property Owner: _____
Please Print Clearly Please Sign Here

Contractor: _____
Please Print Clearly Please Sign Here

THIS APPLICATION MUST BE SIGNED BY BOTH THE PROPERTY OWNER(S) AND THE CONTRACTOR BEFORE PERMIT WILL BE ISSUED. UPON APPROVAL OF THIS APPLICATION, A PERMIT WILL BE ISSUED WHICH MUST BE DISPLAYED AT THE JOB SITE.

City Use:
Cut Permit Number: _____ Date Issued: _____ Issued By: _____
Type of Guarantee: Bond: _____ Letter of Credit: _____ Cash: _____
Method of Payment: Cash: _____ Check #: _____ Money Order #: _____

INSPECTION: _____ DATE: _____