



**TOWN OF LOS GATOS  
ENCROACHMENT PERMIT APPLICATION**

Application Date: \_\_\_\_\_, \_\_\_\_\_ Permit No. **EN** \_\_\_\_\_

Project Address: \_\_\_\_\_ APN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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: \_\_\_\_\_

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

**NOTE: Contractor information 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: \_\_\_\_\_

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

Any questions regarding Encroachment Permits, please call Eric Christianson, Engineering Inspector, at (408) 354-6824. 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: \_\_\_\_\_

Notes: