



TOWN OF LOS GATOS

**PARKS & PUBLIC WORKS DEPARTMENT
ENGINEERING DIVISION
PHONE (408) 399-5771
FAX (408) 399-5763**

SERVICE CENTER
41 MILES AVENUE

APPLICATION FOR STORAGE IN PUBLIC RIGHT-OF-WAY

Application Date: _____ Permit No. **ST** _____

Property Address: _____ A.P.N.: _____

Location of Storage (if not at address frontage): _____

Type of Storage (circle one): MATERIALS CONTAINER

Type of Materials _____ Size of Container: _____

Estimated Date of Removal: _____

ADDITIONAL INFORMATION:

1. Property Owner:
Name: _____ E-mail: _____
Address: _____ Phone: _____ Fax: _____
City: _____ State: _____ Zip: _____

2. Applicant / Individual / 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: _____

3. If Container Storage, complete the following:
Container Supplier: _____ Phone (required): _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____

NOTICE:

Any questions regarding Storage Permits, please call Eric Christianson, Senior Engineering Inspector, at (408) 354-6824. All Storage in the Public Right-of-Way requires a Storage Permit. 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:

Approved by: _____ Date: _____

STORAGE CONTAINER REMOVAL LOG

FOR OFFICIAL USE ONLY:

Date Removal Inspection Requested: _____

Site Inspected by:

_____ Date: _____

Inspector

Refund Request sent to Finance:

By: _____ Date: _____

FOR CONTAINERS NOT VOLUNTARILY REMOVED:

Removal Letter Sent:

By: _____ Date: _____

“Remove By” Date: _____

Site Inspected by:

_____ Date: _____

Inspector

Supplier Notified to Remove:

By: _____ Date: _____

“Remove By” Date: _____

Site Inspected by:

_____ Date: _____

Inspector

Date Bill Received: _____

Date Payment Authorized: _____