

**WORKSHEET FOR ENCROACHMENT PERMIT
CITY OF NEWPORT BEACH
PUBLIC WORKS DEPARTMENT**

COMPLETE THE BELOW INFORMATION

PROJECT ADDRESS:

DETAILED DESCRIPTION OF PROPOSED WORK:

APPLICANT:

Phone:

Email Address:

Mailing Address:

City/State/Zip:

OWNER:

Phone:

Email Address:

Mailing Address:

City/State/Zip:

ALL CONTRACTOR INFORMATION IS REQUIRED-PLEASE COMPLETE

CONTRACTOR:

Office Phone:

Company (if different):

Jobsite Phone:

Other Phone:

Email Address:

Mailing Address:

City/State/Zip:

State License Number & Class:

Expires:

City Business License Number:

Expires:

WORKERS COMPENSATION INSURANCE - Certificate of Insurance (Section 3800 Labor Code)

Company:

Policy No:

Expires:

REFUNDABLE DEPOSIT INFORMATION (If Applicable):

Refund Payable To:

Mail Refund To:

FOR OFFICE USE ONLY

Special Conditions of Permit:

ADDITIONAL APPROVAL REQUIRED FROM THE FOLLOWING DEPARTMENTS

Utilities:

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Traffic:

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Fire:

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General Services:

Other:

Engineering Technician:

Public Works Specialist:

Date:

Permit No.