## 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:			
	TOR INFORMATION	IS REQU	JIRED-PLEASE	COMPLETE	
CONTRACTOR:		Office Phone:			
Company (if different):			Jobsite Phone:		
	Other Phone:				
Email Address:					
Mailing Address:			City/State/Zip:		
State License Number & Class:		City Business License Number:			
Expires: Expires:					
WORKERS COMPENSATION INSURANCE - Certificate of Insurance (Section 3800 Labor Code)					
Company: Policy No: Expires:					
Municipal Operations: 949-64	14-3055				
Utilities: 949-644-3011					
Urban Forestry: 949-644-308					
	FOR OFFIC	E USE ONI	_Y		
Special Conditions of Permit:					
ADDITIONAL AL	PPROVAL REQUIRED F	EDOM THE	EOLI OWING DEBA	DTMENTS	
	Traffic:	ROW THE	-	IKTIVIEN 15	
Utilities: Municipal Operations	Other:		Fire:		
Engineering Technician:	Permit Specialist		Date:	Permit No.	
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