



CITY OF RIPON
ENGINEERING DEPARTMENT
259 N. Wilma Avenue, Ripon, CA 95366
Phone (209) 599-2108 / Fax (209) 599-2685
E-mail: engineering@cityofripon.org

PERMIT NO.: _____
EXPIRATION DATE: _____
EXTENSION DATE: _____

Encroachment Permit Application

Required for all activities in the Public Right-of-Way (ROW) or Public Easement

PROJECT INFORMATION

- Site Address: _____ • Est. Start Date: _____ • Est. Completion Date: _____
- Is this Permit associated with an existing project approved through the City of Ripon Planning Department? Yes No
- If Yes, project name: _____

Work Description: Fully describe work within City Right-of-Way, including any street or lane closures.

LICENSED CONTRACTOR INFORMATION

Contractor performing the work is required to have a valid City of Ripon Business License and a Contractor License.

- Name/Organization: _____
- Address: _____ • City: _____ • State: _____ • Zip: _____
- Contact Name: _____ • Phone: _____ • E-Mail: _____
- City of Ripon Business License No.: _____ • Contractor License No.: _____

APPLICANT INFORMATION/CERTIFICATION

- Name/Organization: _____
- Address: _____ • City: _____ • State: _____ • Zip: _____
- Contact Name: _____ • Phone: _____ • E-Mail: _____

The undersigned hereby requests the City to permit encroachment in/on the City right-of-way as described above. It is understood that the encroachment, when constructed, shall be in accordance with the sketch attached and made a part hereof, and no work other than that specifically mentioned above, is hereby authorized. Undersigned agrees to be bound by the provisions of the ordinances, specifications and regulations of the City of Ripon, including but not limited to Section 12.12 of the City of Ripon Municipal Code, and all the terms, conditions and restrictions as general or special conditions on any part of this form, and/or attached hereto. Accepting this permit or starting work herein described shall constitute acceptance and agreement to all the conditions and requirements as set forth and will be adhered to as such.

Applicant/Authorized Agent **SIGNATURE:** _____ Date: _____

REQUIRED SUBMITTALS

- Refer to "[Encroachment Permit Checklist](#)" for submittal requirements
- Private Development projects that have been approved through the City Planning Department:
Refer to "[Engineering Requirements Check List](#)" for submittal requirements

PERMIT APPROVAL – Office Use Only

Permission is hereby granted to the applicant to do the described work in compliance with Chapter 12.12 of the City of Ripon Municipal Code. This permit is valid until the approved expiration date of permit, or upon expiration of insurance coverage; whichever occurs first.

City of Ripon Authorized Agent **SIGNATURE:** _____ Date: _____

PLEASE ALLOW 7 BUSINESS DAYS FOR PERMIT PROCESSING/APPROVAL