City of Palo Alto

Public Works Engineering

Phone: 650/329-2151 FAX: 650/329-2240
Inspection: 650/496-6929

STREET WORK PERMIT

Permit No. STR-

Type of Construction: ___Sidewalk ___Driveway Approach ___Other _____
___Curb & Gutter ___Underground Utilities _____

Location of Work:

Permittee/Contractor: _____

Address: _____

Contractor's License Number: _____ Phone: _____

Expected Start Date: **Expected Completion Date:**

Estimate of Work in Public Right-of-Way:		Estimated Quantities		Estimated Cost
Curb & Gutter	- lineal feet	_____	$	_____
Sidewalk	- square feet	_____		_____
DW Approach	- square feet	_____		_____
Pavement	- square feet	_____		_____
Utility Lateral	- lineal feet	_____		_____
Other: _____		_____		_____
		Total Cost:	$	_____

--PW STAFF USE ONLY--

This Permit is subject to the following Conditions or Remarks:

___ See Permit Conditions on Attachment(s): A B C D E F G H I J K L

___ Other Permit Conditions:

--PW STAFF USE ONLY--

PERMIT FEES:

Fixed $ _____

5% Cost $ _____

Street Cut $ _____

Dewatering $ _____

Parking $ _____

TOTAL $ _____

Date Paid: _____

INSURANCE CERTIFICATE:

General Liability I- _____

Auto Liability I- _____

Permittee affirms that the facts stated hereon are true and agrees that they, their agents, employees and contractors shall perform all work described hereon in conformance with ordinances and standard specifications of the City of Palo Alto, all pertinent State laws and to the plans and specifications approved by the City Engineer. The work allowed in this permit shall be performed by an appropriately licensed contractor as required in the Palo Alto Municipal Code. The Permittee shall pay the cost of all soils investigation and compaction tests, and shall reimburse the City for any services provided as may be required by the City Engineer, Utilities Department or Police Department. Permittee further agrees to hold the City of Palo Alto, it's officers, agents, and employees harmless from all costs and damages which might arise from the Permittee's use or occupancy of the public right-of-way. The Permittee also agrees to maintain required insurance coverage through the closure of the permit and sign off by the Public Works Inspector. This permit is subject to all attached conditions made part of the permit document and may be revoked at any time for violation of any of these conditions.

X _____ _____ _____ _____

Authorized Permittee Signature **Date** Permit Issuer Issuance Date

_____

Print Name

For inspection call the Public Works Inspector @ (650) 496-6929 -- Provide minimum one working day advance notice

Work Satisfactorily Completed: Inspector _____ Date _____