

City of Fillmore
Post Office Box 487
Fillmore, CA 93016
(805) 524-3701

Enchroachment Application and Permit

PERMIT NO.	FEE	DATE ISSUED	ISSUED BY

ENCROACHMENT ADDRESS _____

OWNER _____

MAIL ADDRESS _____

CITY _____ ZIP _____ PHONE NO. _____

CONTRACTOR _____

EMERGENCY NO. _____

ADDRESS _____ CITY _____ ZIP _____

PHONE NO. _____ CITY BUSINESS LICENSE NO. _____

When properly validated, a permit is issued subject to the conditions and restrictions set forth by applicable laws.

- The permittee certifies that all employees are covered by Workmen's Compensation Insurance in accordance with the laws of the State of California governing the same.*
- Permittee certifies that sole compliance has been made with all provisions of the Contractors License Law and the City of Fillmore Business License ordinance.*
- Each person upon whose behalf this permit is issued and each person whose request and for whose benefit work is performed under or pursuant to this permit agrees to, and shall, indemnify and hold harmless the City of Fillmore, its officers, agents and employees.*
- That the issuance of a permit shall not be construed to be a permit for, nor approval of, a violation of any provision of City, County or State ordinance or laws.*
- I have read and agreed to Ordinance 417, City of Fillmore.*

Signature of Owner or Authorized Agent _____

DESCRIPTION OF WORK _____

SQ FT OF SURFACE EXCAVATION _____ DATE OF WORK _____

DATE OF INSPECTION _____	FINAL _____	INSPECTOR _____
COMMENTS _____		
BOND		DEPOSIT