PETITION FOR THE ENCROACHMENT OF PRIVATE IMPROVEMENTS
IN THE PUBLIC RIGHT-OF-WAY

Under the provisions of Resolution No. 3899, the undersigned hereby requests approval of encroachment to construct or maintain the following private improvements within the public right-of-way:

___________________________________________________________________________

___________________________________________________________________________

(at the following location: ____________________________ (Street Address, City, State, Zip Code)

Property Description:

Parcel/Lot No. ________________ Parcel Map/Tract No. ___________ A.P.N. ______________

JUSTIFICATION TO SUPPORT AN ENCROACHMENT INTO THE PUBLIC RIGHT-OF-WAY:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

PROCEDURE FOR FILING

1. Fill out one copy of this Petition. If more space is needed, attach extra sheets.

2. Submit the following to the Engineering Department, 1500 Warburton Avenue, Santa Clara, California 95050:
   a. Non-refundable filing fee – contact Engineering Department at (408) 615-3000 for amount.
   b. Five (5) copies of dimensional plot plans showing encroachment, with petition attached.
   c. Written approval from private utility companies, as required. (Approvals of City utilities will be processed by the Engineering Department.)

3. Prior to City Council action, applicant is required to execute a Covenant Running With the Land (Private Improvements in the public right-of-way).

4. Structures or improvements which encroach into the public right-of-way may be subject to review by the City’s Planning Division, and/or may require building permits from the City’s Building Inspection Division. The applicant is requested to contact the Planning Division at (408) 615-2450 and the Building Inspection Division at (408) 615-2440 for further information.

___________________________________________________________________________

(Print Name – Owner/Applicant) (Street Address, City, State, Zip Code)

___________________________________________________________________________

(Home) (Work)

Phone Nos.

(Signature – Owner/Applicant)

FOR OFFICE USE ONLY

Receipt No.: ___________________________ S.C. No.: ___________________________