

Instructions for Completing a Special Event Encroachment Permit Application

Encroachment Hotline: 209-223-6532

- Fill out the first page of the Encroachment Permit Application form starting with applicant's (owner's) name, address, phone number, and email. For Contractor's name, print the name of the organization and contact information.
- Project Location = address of encroachment (we are unable to issue a permit without a street address).
- Indicate type of encroachment you wish to construct.
- Be sure to sign and date the application.
- Sign and date the Encroachment Permit General Conditions (both pages).
- Fill out and sign the "Supplemental Application for Special Event/Parade Permit.
- Carefully read the Permit Insurance Requirements. Contact your insurance company and ask for a "Certificate of Liability" that shows the Additional Insured as: Amador County, Transportation & Public Works, 810 Court Street, Jackson, CA 95642.

Fees and Submittal of Application Package:

The current fee for a permit is \$625.00. If you are requesting a fee waiver, address your letter of request to: Richard Vela, Director of Transportation & Public Works, 810 Court Street, Jackson, CA 95642. Fee waivers are considered case by case.

Submit your application documents, certificate of liability and payment in one of 3 ways:

- Email –PublicWorks@AmadorGov.org
- Hand deliver to the Public Works office counter at the County Administration Center, 810 Court Street, Jackson, CA 95642 between the hours of 8:00 a.m. and 4:30 p.m. Monday through Friday
- Mail the application and fee to the address listed above.
- To make payments over the phone, call (209) 223-6429 ext. 0.

After submitting your application documents and payment of fees, the inspector will review the encroachment application documents and certificate of liability. If approved, you will be notified and issued a permit.

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APPLICATION FOR ENCROACHMENT PERMIT

810 Court Street • Jackson, CA 95642 • Phone: 209-223-6429 • Fax: 209-223-6395
 e-mail: publicworks@amadorgov.org • website: www.amadorgov.org



OWNER NAME: _____	
MAILING ADDRESS: _____	
PHONE # _____	EMAIL: _____

APPLICANT/CONTRACTOR NAME (if other than owner) _____	
MAILING ADDRESS: _____	
PHONE # _____	EMAIL: _____

PROJECT LOCATION: _____		
PARCEL # _____		
DRIVING DIRECTIONS TO SITE: _____		
IS ENCROACHMENT A PROJECT CONDITION FOR ANY OF THE FOLLOWING?		
<input type="checkbox"/> Use Permit <input type="checkbox"/> Parcel Map <input type="checkbox"/> Subdiv. Map <input type="checkbox"/> GP Amend. <input type="checkbox"/> Zone Change <input type="checkbox"/> None		
STAKE UP DATE _____	START DATE _____	COMPLETION DATE _____
TYPE OF ENCROACHMENT	PERMIT FEE	
<input type="checkbox"/> Ag. Entrance – Security not required	\$625	\$625 <i>◆FEES ADOPTED BY THE AMADOR COUNTY BOARD OF SUPERVISORS ON 8.29.06◆EFFECTIVE ON 9.29.06◆</i> <b style="color: red;">FEE: \$625.00 + 75% of Contractor's Estimate for Security. The security will be refunded upon project completion. A site inspection fee of \$85 will be charged to determine if an existing encroachment meets County requirements. If it is approved "as is" all but the \$85 fee will be refunded.
<input type="checkbox"/> Driveway-Commercial	\$625	
<input type="checkbox"/> Driveway-Shared (list common addresses in project location)	\$625	
<input type="checkbox"/> Driveway-Standard Residential	\$625	
<input type="checkbox"/> Mailbox	\$ 25	
<input type="checkbox"/> Signage in Right of Way	\$625	
<input type="checkbox"/> Site inspection	\$ 85	
<input type="checkbox"/> Special Event in Right of Way***	\$625	
<input type="checkbox"/> Standard Road Connection	\$625	
<input type="checkbox"/> Temporary Access – Security Required	\$ 50	
<input type="checkbox"/> Traffic control	\$625	
<input type="checkbox"/> Trenching/Boring(for electric, water, sewer, phone)	\$625	
<input type="checkbox"/> Utility crossing under road	\$625	
<input type="checkbox"/> Other (please describe) _____	\$625	
***Application for Special Event Encroachment Permit is a separate form.		

DEPOSIT AMOUNT _____	\$
PERMIT FEE _____	\$
TOTAL PAID _____	\$
RECEIVED BY: _____	\$
DATE: _____	BALANCE _____

OWNER OR AUTHORIZED AGENT SIGNATURE _____
TODAY'S DATE _____ EXPIRATION DATE: _____

• All permits OTHER THAN THOSE issued to PUBLIC AGENCY or PUBLIC UTILITY having lawful authority to occupy the **highways** are revocable on five days' notice and the encroachment must be removed or relocated as may be specified by the road commissioner in the notice revoking the permit and within a reasonable time specified by the road commissioner unless the permit provides a specified time.

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APPLICATION FOR SPECIAL EVENT / PARADE PERMIT

An application must be filed with the Transportation & Public Works Department for any gathering, event, activity or parade on any county road, and/or any publicly owned property, a minimum of 20 days prior to the event.

1. Name of Event: _____
2. Purpose of Event: _____

3. Location Description (also attach a map showing route or exact location): _____

4. Date of Event: _____ Time of Event: _____ to _____
Sponsoring Organization: _____ Day Phone #: _____
(attach by-laws and proof of non-profit status)
5. Applicant Name: _____
Address: _____ City: _____
Day Phone #: _____ Position/Title in above organization: _____
6. Alternate Name: _____ Title: _____
Address: _____ City: _____
Day Phone #: _____
7. Person in Charge at the Event: _____ Day Phone #: _____
8. Anticipated size or number of people at the event, please explain in detail: _____

9. Special needs of your event (music, PA system, animals, rides, entertainment, etc.): _____

10. Will food / beverage / alcohol be served?: YES _____ NO _____
If YES, explain: _____
YOU ARE RESPONSIBLE TO MEET ALL STATE & COUNTY HEALTH CODES.
11. Security Provided for the Event BY: _____
12. Clean Up Plans: _____
13. Comprehensive general liability insurance coverage provided by: _____
WITH THE COUNTY OF AMADOR NAMED AS ADDITIONAL INSURED.
Read "Special Event Encroachment Permit Insurance Requirements"
14. Limits of Liability: _____
15. Other Comments: _____

16. Signature of Applicant: _____ Date: _____