



**\*ENCROACHMENT  
PERMIT MUST  
REMAIN ON-SITE**

**ENCROACHMENT PERMIT  
INSPECTION NOTIFICATION**

**Encroachment  
Permit Number:** \_\_\_\_\_

**1. Name / Company:** \_\_\_\_\_

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Contractor:** \_\_\_\_\_

Field Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**3. Inspection**  AM  PM AM = 8am-12noon  
**Date:** \_\_\_\_\_ M T W Th F PM = 12noon to 4pm

**4. Type of Encroachment Inspection:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Asphalt Repair and Paving | <input type="checkbox"/> Condition of Street Before Work | <input type="checkbox"/> Condition of Street After Work |
| <input type="checkbox"/> Curb and Gutter           | <input type="checkbox"/> Sidewalk                        | <input type="checkbox"/> Traffic Control                |
| <input type="checkbox"/> Trench Backfill           | <input type="checkbox"/> Trench Depth                    | <input type="checkbox"/> Other (specify): _____         |

**FOR CITY INSPECTORS USE ONLY**

**Initial Inspection:**  PASS  FAIL **Final Inspection:**  PASS  FAIL

Date: \_\_\_\_\_ City Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ City Inspector: \_\_\_\_\_

Inspector Comments: \_\_\_\_\_

*Inspections must be scheduled before the start of work (Initial) and at project completion (Final).  
Please fax or email the Inspection Notification form to Public Works 48 hours in advance.  
An authorized representative must be on-site.*

Public Works Department  
Phone: 949/425-2530 / Fax: 949/425-3899  
Email: [pworks@cityofaliso Viejo.com](mailto:pworks@cityofaliso Viejo.com)