



***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:

Asphalt Repair and Paving

Condition of Street Before Work

Condition of Street After Work

Curb and Gutter

Sidewalk

Traffic Control

Trench Backfill

Trench Depth

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: public-works@cityofaliso Viejo.com