



# CITY OF MENDOTA

## ENCROACHMENT PERMIT APPLICATION

Application Date \_\_\_\_\_ Encroachment Permit No: \_\_\_\_\_

Permit Type:  Trenching  Bell Hole (4x4)  Bell Hole/Boring  Sidewalk  Driveway Approach  
 Other: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

Method of Repair: \_\_\_\_\_

(Provide Description of Material Used and a site map of work detail)

**\*\*SURROUNDING AREAS MUST BE PUT BACK AS TO CITY STANDARD.**

Compaction Effort:  Lab Test  ¾" Crushed Aggregate  2 Sack Slurry  Import: \_\_\_\_\_  
 Other: \_\_\_\_\_

Road Finish:  Hot Asphalt  Temp Patch  Other: \_\_\_\_\_

Approximate Start Date: \_\_\_\_\_ Days Required to Complete Work: \_\_\_\_\_

Excavation: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Depth: \_\_\_\_\_ Type of Surface Cut: \_\_\_\_\_

Pipes: Type: \_\_\_\_\_ Diameter: \_\_\_\_\_ Low or High Pressure: \_\_\_\_\_

Valuation: \$ \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Permit Fee: \_\_\_\_\_ Inspection Fee: \_\_\_\_\_ Total Due: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

INSPECTIONS NEED TO BE REQUESTED 24 HOURS IN ADVANCE. PLEASE CONTACT:  
Mendota City Hall, 643 Quince St., Mendota, CA 93640 (559) 655-3291 Fax: (559) 655-4064