City of Palo Alto  
Public Works Engineering  
Phone: 650/329-2151 FAX: 650/329-2240  
Inspection: 650/496-6929

STREET WORK PERMIT

**Type of Construction:**  
- [ ] Sidewalk  
- [ ] Driveway Approach  
- [ ] Curb & Gutter  
- [ ] Underground Utilities  
- [ ] Other

**Location of Work:**

**Permittee/Contractor:**

**Address:**

**Contractor’s License Number:**

**Phone:**

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**Expected Start Date:***

**Expected Completion Date:***

**Estimate of Work in Public Right-of-Way:**

<table>
<thead>
<tr>
<th>Curb &amp; Gutter</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>- lineal feet</td>
<td>-</td>
</tr>
<tr>
<td>Sidewalk</td>
<td>- square feet</td>
</tr>
<tr>
<td>DW Approach</td>
<td>- square feet</td>
</tr>
<tr>
<td>Pavement</td>
<td>- square feet</td>
</tr>
<tr>
<td>Utility Lateral</td>
<td>- lineal feet</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Total Cost:**

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**--PW STAFF USE ONLY--**

**This Permit is subject to the following Conditions or Remarks:**

- See Permit Conditions on Attachment(s): A B C D E F G H I J K L

- Other Permit Conditions:

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Permittee affirms that the facts stated hereon are true and agrees that they, their agents, employees and contractors shall perform all work described hereon in conformance with ordinances and standard specifications of the City of Palo Alto, all pertinent State laws and to the plans and specifications approved by the City Engineer. The work allowed in this permit shall be performed by an appropriately licensed contractor as required in the Palo Alto Municipal Code. The Permittee shall pay the cost of all soils investigation and compaction tests, and shall reimburse the City for any services provided as may be required by the City Engineer, Utilities Department or Police Department. Permittee further agrees to hold the City of Palo Alto, it's officers, agents, and employees harmless from all costs and damages which might arise from the Permittee's use or occupancy of the public right-of-way. The Permittee also agrees to maintain required insurance coverage through the closure of the permit and sign off by the Public Works Inspector. This permit is subject to all attached conditions made part of the permit document and may be revoked at any time for violation of any of these conditions.

**X**

**Authorized Permittee Signature**

**Date**

**Permit Issuer**

**Issuance Date**

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_For inspection call the Public Works Inspector @ (650) 496-6929 -- Provide minimum one working day advance notice_