

CITY OF TRAVELERS REST ENCROACHMENT PERMIT

Approval Date: _____

Permit #: _____

(Permit is valid for 30 Business days from this date)

Permit Fee: \$ _____

Applicant: _____

Contractor: _____

Contractor Address: _____

Contractor Phone: _____

Contractor Email: _____

City of Travelers Rest Business License Number: _____ Expiration Date: _____

Work Description: Fully describe work within the City's right-of-way, including any street or lane closures. Please include a letter of request and a copy of your certificate of insurance to be approved by the City of Travelers Rest. Attach a separate sheet if necessary. Please attach complete plans, specifications, maps, etc., where applicable. Additionally, please list structures that will be placed on the street or sidewalk.

Work Start Date: _____

Work End Date: _____

Job Description: _____

This permit requires inspections to be completed before work begins and after the work has been completed. Please call Travelers Rest Public Works Director, Phillip Tate at (864) 361-5050 to schedule an inspection. The permit must always remain on the job site. Failure to comply with this request will result in job stoppage until the permit has been returned to the job site.

I (We) accept the permit herein granted and agree to comply with all provisions, terms, conditions, and restrictions set out herein. I (We) do hereby agree, and bind my (our) heirs, successors, and assigns to assume all liability this Department might otherwise have in connection with accidents or injuries to persons, or damage to property including the highway or sidewalk, and to indemnify this Department for any liability this Department might otherwise have by reason of the past, present or future existence of said encroachment.

Print Name: _____ Applicant Signature: _____

Date: _____

By: _____

City of Travelers Rest Engineer

By: _____

Public Works Director