



# CITY OF KINGMAN

## ENGINEERING DEPARTMENT

### APPLICATION FOR REVOCABLE ENCROACHMENT PERMIT (SUBSTANTIAL)

310 N. 4<sup>th</sup> Street Kingman, AZ 86401 Ph: (928) 753-8122 Fax: (928) 753-8118

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

#### Permittee / Owner Information:

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Agent Information (if applicable):

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Site/Project Information:

Location of encroachment: \_\_\_\_\_

Brief description of desired encroachment (PLANS AND DETAILS AS NEEDED) : \_\_\_\_\_

#### Fees:

1. A thirty dollar (\$30.00) permit fee is required.
2. Publication, recording and any other miscellaneous fees cannot be determined at time of application. These items will be billed to the Permittee when the dollar amount is available.

#### Permittee / Owner Responsibilities:

1. The Permittee must provide property owner's addresses three hundred (300) feet on each side of the proposed encroachment on the same side of the street.  
Has this property list been supplied to the City?    YES    NO
2. The City shall require the Permittee to provide liability insurance as outlined by ordinance.  
Has this insurance information been supplied to the City?    YES    NO  
Insurance Company Name: \_\_\_\_\_
3. The Permittee hereby agrees to save and hold harmless the City, any of its departments, agencies, officers or employees from all cost and damage incurred by any of the above and from any other damage to any person or property whatsoever which is caused by an activity, condition or event arising out of the performance or non-performance of any provision of this agreement or the exercise of this permit or license by Permittee, any of its agents, or any of its independent contractors. The above cost incurred by the City and its departments, agencies, officers, or employees shall include in the event of an action, court costs, expenses of litigation and reasonable attorney's fees. When any cost and/or damage occurs as aforesaid, Permittee assumes the burden of proof that the above activity, condition or event did not cause such cost, damage or other damage.
4. Upon written notice by the City, the Permittee hereby agrees to remove the encroachment at his own expense; and agrees to restore right-of-way to original condition; and further agrees that if he does not remove the encroachment at his own expense and restore right-of-way to a reasonable condition, a lien will be placed on the property, as required by ordinance.
5. The Permittee hereby agrees to comply with all elements of the City of Kingman Street and Sidewalk Development Rules and Regulations dealing with Encroachment Permits.

6. If the property is transferred from the above Permittee to a new owner or lessee, that information is to be provided immediately to the City Engineer or the encroachment will become void.
7. The applicant is informed that the Kingman Common Council may deny the permit or may impose additional restrictions and stipulations upon encroachment.
8. The permit will become void if construction has not commenced within ninety (90) days after approval.

I have read the foregoing application, know the contents thereof, and agree to the conditions of the application, City of Kingman Streets and Sidewalks Development Rules and Regulations and Common Council restrictions if a permit is issued.

**Permittee / Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Hearing Dates (to be completed by City of Kingman personnel):**

- |   |             |
|---|-------------|
| 1. Notice to abutting property owners.              | Date: _____ |
| 2. Notice to newspaper.                             | Date: _____ |
| 3. Posting notices.                                 | Date: _____ |
| 4. Mail notices to utility companies and districts. | Date: _____ |
| 5. City Council public hearing.                     | Date: _____ |

CITY OF KINGMAN ENGINEERING DEPARTMENT USE ONLY

Date Received: _____	Received By: _____	Date Admin Complete: _____
COK Project Number: _____	Fee Paid: _____	
Check Number: _____	Charge Card Type: _____	Receipt Number: _____