

INSPECTION PHONE:

The Inspection Office must be notified at least _____ prior to commencing work. Failure to obtain inspection shall VOID this permit.

**CITY OF KYLE
ENCROACHMENT PERMIT
100 W. Center Street
Kyle, Texas 78640**

Permit No: _____

Effective Date: ____/____/____

Expiration Date: ____/____/____

PERMITTEE NAME: _____

ADDRESS: _____

Contractor Name: _____ Contractor License No.: _____

Contact Person: _____ E-mail: _____

Day Telephone No. _____ Night Telephone No. _____

DESCRIPTION OF ENCROACHMENT: Work on the following Encroachment is hereby authorized as follows, subject to provisions on reverse hereof and attached hereto:

ESTIMATED START DATE: ____/____/____

ESTIMATED COMPLETION DATE: ____/____/____

LOCATION OF ENCROACHMENT:

CONSIDERATION:

Encroachment Fees: _____ Total \$ _____

Additional Conditions of Approval are attached and incorporated herein.

Property owner acknowledges this encroachment requires execution of the attached Agreement making the owner responsible for the Encroachment.

Owner name: _____ Owner Signature: _____

INSPECTOR SIGNOFF: _____ DATE: _____

PERMITTEE'S ACCEPTANCE:

CITY APPROVAL:

Permittee

City Engineer Approval

THE PERMITTEE'S SIGNATURE ABOVE MEANS THE PERMITTEE ACCEPTS ALL CONDITIONS OF APPROVAL CONTAINED ON THE FRONTSIDE AND BACKSIDE OF THIS PERMIT, ANY ADDITIONAL ATTACHMENTS, AND ALL CONDITIONS OF APPROVAL, IF ANY.

1. A COPY OF THIS PERMIT AND ALL PLANS MUST BE MAINTAINED ON JOB SITE. NON-COMPLIANCE WILL VOID THIS PERMIT.
2. PERMITTEE SHALL COMPLY WITH REGULATIONS ON REVERSE SIDE OF PERMIT AND ATTACHMENTS, IF ANY.
3. CONTACT _____ AT _____ OR _____ AT LEAST _____ HOURS PRIOR TO EXCAVATING.
4. THIS PERMIT SHALL BE NON-TRANSFERABLE.