



**RESET THIS PAGE ONLY**

8. The proposed work will be commenced on or about \_\_\_\_\_

To be completed on or about \_\_\_\_\_

9. Other pertinent information, including additional information required by the Resource Management Agency.

The applicant agrees that the aforementioned work is subject to, and will be performed in accordance with all of the provisions of sections 3-07-1160 to 3-07-1385 of the Ordinance Code of Tulare County.

The applicant agrees to hold the County, its officers, agents and employees harmless from any and all causes of action, penalties, liabilities or loss resulting from claims or court actions arising out of any accidents, loss or damage to persons or property occurring as a result of any work performed pursuant to the permit.

The applicant agrees that the County shall not be responsible for any damage to any structure or installation constructed pursuant to a permit which is not clearly or visibly marked by the construction, reconstruction, maintenance or repair or by use of overweight equipment on the highway. The applicant agrees that he, his successors and assigns, upon being notified of such damage by the Resource Management Agency Director, shall immediately repair, remove or relocate the damaged structure or installation.

10. As required by sections 3-07-1195 to 3-07-1200 of the Ordinance Code of Tulare County, a CURRENT CERTIFICATE OF INSURANCE or letter stating self insured shall be on file.

APPLICANT (UTILITIES/DISTRICTS)

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Job Reference # \_\_\_\_\_ Signature: \_\_\_\_\_

Phone No: \_\_\_\_\_

Permit Return Email: \_\_\_\_\_

**▼ FOR COUNTY USE ONLY ▼**

Application Received \_\_\_\_\_ Field Reviewed \_\_\_\_\_ By \_\_\_\_\_

Insurance expires \_\_\_\_\_ Office Check \_\_\_\_\_ By \_\_\_\_\_

OK for Permit \_\_\_\_\_ By \_\_\_\_\_

Returned for correction \_\_\_\_\_

Notes to be added to Permits \_\_\_\_\_

\_\_\_\_\_