



City of Lodi, Public Works Department
 221 West Pine Street (209) 333-6706
 P. O. Box 3006 FAX (209) 333-6710
 Lodi, CA 95241-1910

**NO FEE APPLICATION FOR TEMPORARY PUBLIC PARKING STALL
 CURBSIDE PICK UP PERMIT**

**SUBMIT COMPLETED APPLICATION AND BACK UP DOCUMENTS VIA EMAIL TO:
dwiman@lodi.gov & tmangrich@lodi.gov or drop off at the Community Development table
 located on the west side of City Hall.**

Monday thru Thursday. 8:30-9:30AM and 3:30-4:30PM

NAME OF APPLICANT:			
NAME OF BUSINESS:			
BUSINESS ADDRESS:			
BUSINESS PHONE NUMBER		EMAIL	
ADDITIONAL PHONE NUMBER			
DAYS & HOURS OF PARKING STALL CURBSIDE PICK UP			
SIGNAGE TO STATE: "CURBSIDE PICK UP FOR (STATE BUSINESS NAME)"			
SIGNAGE SHALL BE PLACED DURING BUSINESS HOURS AND REMOVED EACH DAY.			

Please attach a photograph of proposed signage and "stand" to be used.

TEMPORARY ENCROACHMENT: APPLICANT MAY CONTINUE USE OF DESIGNATED PARKING STALL FOR CURBSIDE PICK UP PURPOSES IN PUBLIC RIGHT OF WAY UNTIL SEPTEMBER 30, 2020 OR AT SUCH TIME THE PROCLAMATION OF LOCAL EMERGENCY CONCERNING THE COVID-19 PANDEMIC AND RELATED ECONOMIC CRISIS EXPIRES BY ITS TERMS OR IS WITHDRAWN BY THE CITY COUNCIL, WHICHEVER COMES FIRST

The undersigned agrees to indemnify and save the City of Lodi free and harmless from any liability in accordance with the provisions of Lodi Municipal Code (LMC) Sec. 12.04.040. Permittee is specifically aware of LMC Sec. 12.04 thereof relating to encroachments. The undersigned agrees and understands that a permit can be denied or voided in accordance with City of Lodi rules and regulations subject to inspection and approval. Permit application fees are non-refundable. Certificate of insurance in permittee's name which names the "City of Lodi, it's elected and appointed Boards, Commissions, officers, Agents, Volunteers and Employees" as an Additional Insured is required for General Liability per occurrence and Automobile Liability Insurance in an amount determined by Risk Mgmt. Primary and Non-contributory as required.

DATE _____ SIGNED _____

OFFICE USE ONLY		FEE: _____	
PERMIT NO. _____	DATE/TIME RCV'D _____	Minimum amount (Balance to be collected at permit issuance)	
ABC PERMIT NO _____		TOTAL FEE: _____	
REVIEWED BY: _____			
COMMUNITY DEVELOPMENT DIRECTOR _____	DATE _____	PUBLIC WORKS DIRECTOR _____	DATE _____