



*Please read the Instructions prior to completing the Agreement Form*

**INSTRUCTIONS**  
**ENCROACHMENT**

1. Application must be filled out completely.
2. A picture of the area where the encroachment will take place must be attached.
3. Describe the encroachment, such as canopy, banner, planter, underground utilities, sign, etc.
4. Plans and specifications must be attached
5. The application and attachments must be received FOUR (4) WEEKS in advance
6. Signature is required, along with legible printed name
7. Return Application to:

**Board of Public Works**  
**227 West Jefferson**  
**1316 County-City Building**  
**South Bend, Indiana 46601**  
**(574) 235-9251**  
**Fax: (574) 235-9171**



**REVOCABLE PERMIT**

RECOGNITION OF ENCROACHMENT UPON CITY OF SOUTH BEND-CONTROLLED PROPERTY AND PROVISIONS ALLOWING TEMPORARY CONTINUANCE OF SAME

Company/Homeowner Name: \_\_\_\_\_

Herein, "APPLICANT".

The encroachment will be permitted to remain and continue under the following terms and conditions:

- 1) Until such time as the BOARD OF PUBLIC WORKS (BOARD) of the CITY OF SOUTH BEND (CITY) shall determine that such encroachment is in any way impairing or interfering with the highway or with the free and safe flow of traffic thereon;
- 2) Said encroachment shall not in any way prejudice or preclude the CITY'S rights with respect to the future use of the portion of the right-of-way;
- 3) The encroachment as it now exists shall in no manner be added to or enlarged in its present scope or dimensions;
- 4) In the event of change of ownership of the fixture or any other item of personal property which constitutes the aforesaid encroachment, this permit shall become null and void;
- 5) The CITY shall not be liable to APPLICANT for any damages caused to APPLICANT that arise out of or is incidental to any activity and/or incidences authorized by this permit;
- 6) In consideration of the granting of this Permit by the BOARD, APPLICANT shall indemnify, hold harmless and defend the CITY from and against any and all actions or causes of action which the CITY may suffer or incur by reason of bodily injury, including death, to any person or persons, or by reason of damage to or destruction of any property, including the loss thereof, arising out of or in any manner connected with any activity and/or incidences authorized by this permit and/or any activities and/or incidences incidental thereto, or which the CITY may sustain or incur in connection with any litigation, investigation, or other expenditures incidental thereto, including any suit instituted by the CITY to enforce the obligation of this agreement of indemnity.

It is the intent of the parties hereto that the APPLICANT shall indemnify the CITY under this indemnification clause to the fullest extent permitted by law, except that APPLICANT shall not indemnify CITY for any damage or expense caused by the sole negligence of the CITY.

This approval shall be binding upon everyone past or present, claiming any interest in and to the aforementioned encroachment.

**ACCEPTANCE OF TERMS AND CONDITIONS**

I accept and agree to be bound by all of the terms and conditions of this permit.

Submitted By: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**BOARD OF PUBLIC WORKS APPROVAL**

\_\_\_\_\_  
President

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Date



**APPLICATION  
TO ENCROACH ONTO PUBLIC RIGHT-OF-WAY  
THE BOARD OF PUBLIC WORKS MUST HAVE FOUR (4) WEEKS PRIOR NOTICE  
PLANS AND SPECIFICATIONS MUST BE ATTACHED**

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

Location of Encroachment: \_\_\_\_\_

**PROPERTY-OWNER'S INFORMATION**

Business/  
Homeowner  
Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

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

**INSTALLER'S INFORMATION**

Business Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

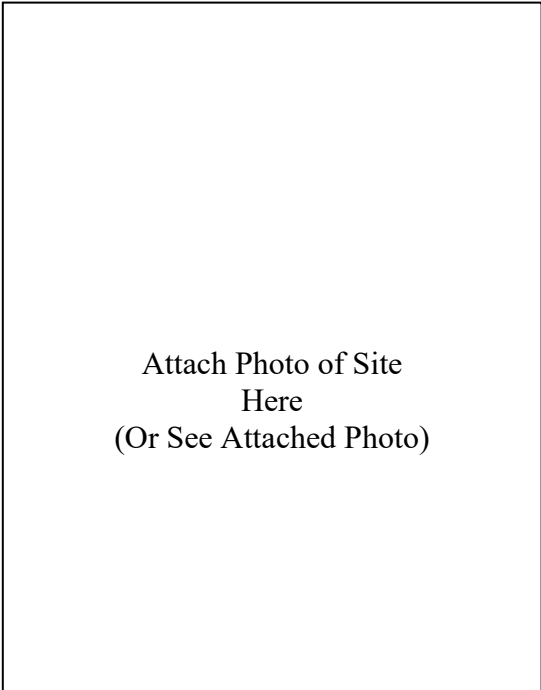
Signature \_\_\_\_\_

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

Encroachment Description: \_\_\_\_\_

CL Road to R/W Line \_\_\_\_\_ Size of Encroachment \_\_\_\_\_

Distance of R/W \_\_\_\_\_ Amount in R/W \_\_\_\_\_



The above information is to the best of my knowledge accurate and correct with regard to the encroachment in the City's right-of-way.

Placed By: \_\_\_\_\_

This Encroachment should not be  
relocated because \_\_\_\_\_

It has been determined that this encroachment in no way impairs the highway or with the free and safe flow of traffic thereon, and it is recommended that the encroachment be permitted to remain.

**BOARD OF PUBLIC WORKS APPROVAL**

**RETURN FORM TO:**

Board of Public Works  
1316 County-City Building  
227 West Jefferson Boulevard  
South Bend, IN 46601

Phone: (574) 235-9251 • Fax: (574) 235-9171

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President

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Member

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Member

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Member

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Member

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Date

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