

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
ENCROACHMENT PERMIT FEE CALCULATION SHEET
 TR-0406 (REV 09/2021)

PERMIT NO. _____
WORK ORDER/REFERENCE NUMBER _____

THIS PAGE IS FOR CALTRANS USE ONLY

DEFERRED BILLING (Utility) EXEMPT PROJECT CODE (ID) _____

FEES

1. REVIEW _____ hours @ \$ _____.00 / hour = \$ _____
 INSPECTION _____ hours @ \$ _____.00 / hour = \$ _____
 FIELD WORK _____ hours @ \$ _____.00 / hour = \$ _____
 EQUIPMENT AND MATERIALS \$ _____
 CALCULATED BY: _____ DATE: _____ **AMOUNT: \$** _____

2. REVIEW _____ hours @ \$ _____.00 / hour = \$ _____
 INSPECTION _____ hours @ \$ _____.00 / hour = \$ _____
 FIELD WORK _____ hours @ \$ _____.00 / hour = \$ _____
 EQUIPMENT AND MATERIALS \$ _____
 CALCULATED BY: _____ DATE: _____ **AMOUNT: \$** _____

3. REVIEW _____ hours @ \$ _____.00 / hour = \$ _____
 INSPECTION _____ hours @ \$ _____.00 / hour = \$ _____
 FIELD WORK _____ hours @ \$ _____.00 / hour = \$ _____
 EQUIPMENT AND MATERIALS \$ _____
 CALCULATED BY: _____ DATE: _____ **AMOUNT: \$** _____

4. REVIEW _____ hours @ \$ _____.00 / hour = \$ _____
 INSPECTION _____ hours @ \$ _____.00 / hour = \$ _____
 FIELD WORK _____ hours @ \$ _____.00 / hour = \$ _____
 EQUIPMENT AND MATERIALS \$ _____
 CALCULATED BY: _____ DATE: _____ **AMOUNT: \$** _____

TOTAL FEES: \$ _____

DEPOSITS

1. CHECK NUMBER _____ NAME ON CARD/CHECK _____
 CREDIT CARD PHONE NUMBER _____
 CASH CASHIER'S INITIALS _____ DATE: _____ **AMOUNT: \$** _____

2. CHECK NUMBER _____ NAME ON CARD/CHECK _____
 CREDIT CARD PHONE NUMBER _____
 CASH CASHIER'S INITIALS _____ DATE: _____ **AMOUNT: \$** _____

3. CHECK NUMBER _____ NAME ON CARD/CHECK _____
 CREDIT CARD PHONE NUMBER _____
 CASH CASHIER'S INITIALS _____ DATE: _____ **AMOUNT: \$** _____

4. CHECK NUMBER _____ NAME ON CARD/CHECK _____
 CREDIT CARD PHONE NUMBER _____
 CASH CASHIER'S INITIALS _____ DATE: _____ **AMOUNT: \$** _____

TOTAL DEPOSITS: \$ _____

CASH DEPOSIT IN LIEU OF BOND <input type="checkbox"/>	DATE _____	AMOUNT \$ _____
PERFORMANCE BOND <input type="checkbox"/>	DATE _____	AMOUNT \$ _____
PAYMENT BOND <input type="checkbox"/>	DATE _____	AMOUNT \$ _____
IS LIABILITY INSURANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT \$ _____