



CITY OF BURLINGTON  
 DEPARTMENT OF PUBLIC WORKS  
 645 Pine Street  
 Burlington, VT 05401  
 VOICE (802)865-7562  
 FAX (802)863-0466  
 TTY (802)863-0450  
[www.burlingtonvt.gov/DPW](http://www.burlingtonvt.gov/DPW)

**LONG TERM ENCUMBRANCE APPLICATION**

COMPANY \_\_\_\_\_

DBA NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

LOCATION OF ENCUMBRANCE: \_\_\_\_\_

Permission is requested to allow/continue the encumbrance in the following area and manner (please describe fully, including size and physical barriers around the area i.e. trees, grates, parking meters, etc.)

Description (FULL DETAILS REQUIRED) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

APPLICATION FEE: \$25 TOTAL SQUARE FOOTAGE OF AREA ENCUMBERED: (\$1 PER SF) \_\_\_\_\_

PLEASE ATTACH: TOTAL DUE: \_\_\_\_\_

1. Certificate of Liability Insurance with holder as the "CITY OF BURLINGTON, BURLINGTON PUBLIC WORKS, ENCUMBRANCE APPLICATION DEPT., 645 PINE ST, BURLINGTON, VT 05401".
2. Endorsement to Insurance Policy (separate from the Certificate of Insurance) listing the Cancellation Policy as 15 notice for non-payment or 45 days for any other reason.
3. Endorsement to Insurance Policy (separate from the Certificate of Insurance) specifically listing the City as Additional Insured.
4. Sketch, photo, or blueprint of what you are proposing.
5. Check for Total Amount Due. (\$25 Application fee + \$1 per square foot)

ENCUMBRANCE NOT VALID UNTILL PERMIT IS ISSUED. PERMIT WILL BE ISSUED AFTER CITY COUNCIL APPROVAL.

\_\_\_\_\_  
 Signature Date

For Office Use Only			
Amount received	Date	Payment info	Sent to Attorneys
_____	_____	_____	_____