



City of Needles California

Application for ENCROACHMENT PERMIT

Application Procedures:

1. File a City application and submit **1 copy** of the listed package below.
2. For a **Standard Encroachment** Permit a charge of **\$112** shall be collected, this is identified as cuts in the City's Right-of-Way that usually run Perpendicular or Lateral for example a new utility service to a residents or a patch of sidewalk being replaced or a residential driveway.

A **Major Encroachment** is defined as cuts in the City's Right-of-Way going for some length, running Longitudinal for example a section of utility main or commercial driveways. A permit charge of **\$797** will be collected and it will include review from the City Engineer.

The package shall include the following:

ONE Completed Application & Fees

ONE COPY Traffic Control Plan

ONE COPY SITE PLAN Legibly drawn in ink or by computer and accurately to scale on one (1) sheet of paper, eight and one-half (8-1/2") by eleven (11") inches in size, or eleven (11") by seventeen (17") inches in size and including all of the following information:

- a. Scale of map (standard engineering scale), north arrow, and vicinity map shall be sized appropriately for the scale of the drawing.
- b. All Dimensions, Notes & Tables shall be appropriately sized for the drawing scale.
- c. Proposed Work to be completed in the City Right-of-Way.
- d. Dimensioned section of Pavement cut.

Once received by the Engineering Department the application will be checked against the items above, before being processed and / or forwarded to the City Engineer for their review. **Please assure that all items requested are included when you submit your application, if not a deficiency email issued by the City of Needles will be forwarded to the applicant and at that point your application will stop and you will have delays in the processing of your application.**

3. A fully completed encroachment permit application with all required attachments shall be submitted to the Engineering Department. A preliminary review will be done to verify proper information has been submitted as follows:
 - a. Encroachment application with proper signatures and the Underground Service Alert (USA) Number.

- b. Approved "Complete Improvement Plans" and/or plans demonstrating the type of work, the work location, and all streets affected by the work within a radius of 200 feet.
 - c. Traffic control plan conforming to the California Manual on Uniform Traffic Control Devices.
 - d. Copy of a current Business License and Contractor's License
 - e. A copy of Liability Issuance, as required by Section 7-3 and 7-4 of the SSPWC and naming the City of Needles as an additional insured.
 - f. A certificate of Worker's Compensation Insurance, a certificate of consent to self-insure, or certified copy thereof (Sec. 3800, Labor Code).
 - g. The applicant's and / or contractor's 24 hour emergency call numbers.
4. It is the applicant's sole responsibility to make arrangements and pay fees for compaction testing for any work within the City's right of way. Compaction tests shall be performed by an accredited certified testing lab and shall be in accordance with the SSPWC. Compaction tests for, but not limited to Curbs, Gutters, Sidewalks, Driveways, Cross-Gutters, Access Ramps and asphalt pavement shall not be performed more than 24 hours prior to work of placing the finish layer of the work. It is the sole responsibility of the applicant to make arrangements for and to pay any fees for additional re-compaction tests that may be required for any failing tests, or if weather or any other circumstances have affected the integrity of the compaction process.
5. Call (760) 326-5740 option 5 – Twenty-Four (24) hours in advance to request an inspection. Engineering personnel will call you back to confirm the time and date of inspection.
6. Encroachment permits are good for 30 days from the date issued.

Application Questionnaire

Complete all sections of this application. Please refer to the checklist contained in the information packet for complete information on submittal requirements. The information furnished in this application will be used in evaluating your project pursuant to the California Environmental Quality Act (CEQA). If you believe an item does not apply to your project, mark it "N/A". Do not leave any blank spaces.

Section 4216/4217 of the Government Code requires a Dig Alert Identification Number is issued before a "Permit to Excavate" will be valid. For your Dig Alert I.D. Number call "811" or Dig Alert "800) 227-2600 ~ **Two working days before you dig.**

DIG ALERT NO.

APPLICATION DATE _____

Application Type: **ENCROACHMENT** **Standard** **Major**

ENCROACHMENT No.
(Automatic)

LOCATION OF WORK OR ENCROACHMENT

Address / Street _____ Cross Street(s) _____

APPLICANT INFORMATION

Name _____ Phone Number _____ Cell _____
 Address _____ City _____ State _____ Zip _____
 Email _____ **START DATE:** _____ **COMPLETE DATE:** _____

DESCRIPTION OF WORK OR ENCROACHMENT (Include plans or sketch):

Check all that apply to the project and provide a written description:

- | | | | | | |
|-------------------|-----------------|-------------------|-------------|---------------|-------------------|
| Driveway Approach | Curb & Gutter | Sewer Improvement | Sidewalk | Water Service | Telephone / Cable |
| Excavation | Accessible Ramp | New Utilities | Landscaping | Natural Gas | Other _____ |

Describe Work: _____

Road Surface Type: Asphalt Concrete Other _____ Linear Feet: _____ Surface Thickness: _____
Excavation Type: _____ Depth _____ Width _____ Length _____ **Pipe:** _____ Type _____ Diameter _____ Voltage _____
Trenching Work: Yes No **Traffic Control Plan:** Yes No
Insurance on File with City: Yes No **Bond Required?** Yes No

Applicant Affidavit

Applicant agrees that all work will be performed in accordance with the rules, regulations and standards of the City of Needles and any Local Municipal code. All work shall be subject to Inspection and approval by the Department of Public Works. Applicant shall indemnify, defend and hold the Local Agency, its officers, agents and employees harmless for any and all claims, suits or liability, including, but not limited to, litigation costs and attorney's fees which the Local Agency may incur as the result of any and all claims and suits for personal injury, property damage or inverse condemnation by reason of applicants placement of/or maintenance of encroachments authorized by this permit. No work shall commence until permit is issued.

Signed: _____ Date: _____

 FOR CITY REVIEW – PLEASE DO NOT WRITE BELOW

REVIEWED AND APPROVED BY:

Engineering Department	Date
Public Works Department	Date

FEES:

Processing Fee	\$ _____
Engineering Review	\$ _____
TOTAL COLLECTED	\$ _____

INSPECTION:

Date	Public Works Department
	<u>Comments</u>

THE FOLLOWING IS FOR CITY OF NEEDLES REVIEW – PLEASE DO NOT WRITE BELOW

Check List for “Street Encroachment” Review

Application Type: STANDARD MAJOR

ENCROACHMENT NO.

Within the Package:

Date: _____

<u>Int'l</u>	<u>Comments</u>	<u>Item</u>	Yes	No
_____	_____	Application Attached	Yes	No
_____	_____	Site Drawing Attached	Yes	No
_____	_____	Traffic Control Plan	Yes	No
_____	_____	<u>Correct Fees Received</u>	Yes	No
_____	_____	*Invoiced Collection	Yes	No
_____	_____	*Annual Collection	Yes	No
_____	Date: _____	*City Account Reconciled	Yes	No
_____	_____	Funds Deposited to Acct:	SE	ER

Insurance / Bonding:

_____	<u>Insurance - Attached</u>		<u>On File</u>
	Yes No	Yes	No
_____	<u>Bonding Required:</u>	Yes	No

Engineering Review (Major Encroachment):

_____	Engineer Review Required?	Yes	No
_____	Date Sent to Engineer	_____	
_____	<i>Approved Signature</i>		

DIG ALERT NUMBER *(Called in two days before dig date)*

_____ *Number Issued*

Notification:

_____	Utilities <i>(Do City Utilities need to know – Did Notice get sent)</i>	Yes	No
_____	Notification to Public Services Needed <i>(If notification is required to Public Services due to street being closed)</i>	Yes	No

START DATE _____ **END DATE** _____

Pre-Inspection:

Road Surface Type: Asphalt Concrete Other _____ Linear Feet: _____ Surface Thickness: _____
 Excavation Type: _____ Depth _____ Width _____ Length

Final-Inspection:

Road Surface Type: Asphalt Concrete Other _____ Linear Feet: _____ Surface Thickness: _____
 Excavation Type: _____ Depth _____ Width _____ Length

Road Last Surfaced	0-3 years	3-5 Years	5-10 Years	CIP	<i>Per Section 8.5 Overlay Paving of the Trench Repair Requirements</i>
Required Replacement	Full Lane	½ Lane	T-Grind Trench	T-Cut Trench	

Inspector's Signature _____ **Date** _____