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 **$277** 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 resident 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 **$517** will be collected and it will include review from the City Engineer. Capital Projects are identified as a Major Encroachment per street.

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 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 no matter the size of the cut. Compaction tests shall be performed by an accredited certified testing lab and shall be in accordance with the SSPWC. In lieu of compaction testing, fill trench 3 feet with Class 2 base material. **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.

Clarification Changed 02/05/2016

5. Call (760) 326-5700 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

ENCROACHMENT NO.

SE -

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

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 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 applicant's 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*

COMMENTS:

FEES:

Processing Fee $ _____

Engineering $ _____

TOTAL $ _____

INSPECTION:

_____ _____
Date *Public Works Department*

Comments

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. SE-

Within the Package: **Date:** _____

Int'l	Comments	Item		
		Application Attached	☐ Yes	☐ No
		Site Drawing Attached	☐ Yes	☐ No
		Traffic Control Plan	☐ Yes	☐ No
		Correct Fees Received	☐ Yes	☐ No
		*Invoiced Collection	☐ Yes	☐ No
		*Quarterly Collection	☐ Yes	☐ No
		*City Account Reconciled	☐ Yes	☐ No
	Date:	Funds Deposited to Acct:	SE	ER

Insurance / Bonding:

		Insurance - Attached ☐ Yes ☐ No	On File ☐ Yes	☐ No
		Bonding Required:	☐ Yes	☐ No

Route to Engineering for Review

Engineer Review Required? ☐ Yes ☐ No

Date Sent to Engineer _____

_____ _____

Approved Signature

Communication by City to Applicant:

Submitted Comments to Applicant ☐ Email ☐ Counter

Standard Details Attached: ☐ Yes ☐ No

☐ Curb & Gutter ☐ Sidewalk ☐ Trenching ☐ Pavement

☐ Driveway Approach ☐ Ordinance

_____ _____

Applicant Email

Road Last Surfaced	☐ 0-3 years	☐ 3-5 Years	☐ 5-10 Years	☐ Capital Impr. Project	*SEE Section 8.5 Overlay Paving of the Trench Repair Requirements*
Required Replacement	☐ Full Lane	☐ ½ Lane	☐ T-Grind Trench	☐ T-Cut Trench	

Notification Completed:

_____ ☐ Yes ☐ No Utilities (*Do City Utilities need to know – Did Notice get sent)*

_____ ☐ Yes ☐ No Public Services Transportation
(If notification is required to Public Services due to street being closed)

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

Inspector's Signature _____ Date _____

SUBMITTED TO PUBLIC WORKS FOR REPAIRS IF REQUIRED BY CITY ☐ YES ☐ NO

DATE: _____ WHOM: _____