



# City of Needles California

## Application for ENCROACHMENT PERMIT

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### 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
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- 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**

**ENCROACHMENT NO.**  
  
**SE -**

**APPLICATION DATE**

**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:**

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

		<u>FEES:</u>	
_____	_____	Processing Fee	\$ _____
_____	_____	Engineering	\$ _____
_____	_____	<b>TOTAL</b>	<b>\$ _____</b>

**INSPECTION:**

_____	_____
Date	Public Works Department
_____	
Comments	

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.**

**Within the Package:**

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

**SE-**

<u>Int'l</u>	<u>Comments</u>	<u>Item</u>		
_____	_____	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:**

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

**Route to Engineering for Review**

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

**Communication by City to Applicant:**

_____	<u>Submitted Comments to Applicant</u>	<u>Standard Details Attached:</u>	Yes	No
_____	Email                  Counter	Curb & Gutter      Sidewalk      Trenching      Pavement		
_____	<i>Applicant Email</i>	Driveway Approach		

Road Last Surfaced	0-3 years	3-5 Years	5-10 Years	Capital Impr. Project
Required Replacement	Full Lane	½ Lane	T-Grind Trench (Asphalt greater 4" Thk)	T-Cut Trench (Asphalt less 4" Thk)

**Notification Completed:**

_____	Yes	No	Section 8.5 Overlay Paving of the Trench Repair Requirements <(click)
_____	Yes	No	Utilities ( <i>Do City Utilities need to know – Did Notice get sent</i> )
_____	Yes	No	Public Services Transportation ( <i>If notification is required to Public Services due to street being closed</i> )



**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:** \_\_\_\_\_