



Permit # _____ - _____

CITY OF IRWINDALE • OFFICE OF ENGINEER • PUBLIC WORKS/ENGINEERING DEPARTMENT
5050 N. IRWINDALE AVE • IRWINDALE, CA 91706 • (626) 430-2211 phone • (626) 430-2295 fax

CONSTRUCTION/ENCROACHMENT PERMIT APPLICATION

COMPANY NAME: _____

JOB SITE ADDRESS: _____

COMPLETE ADDRESS: _____

STARTING DATE: _____

COMPLETION DATE: _____

CONTRACTOR'S LICENSE No: _____

ACCEPTED: _____

TELEPHONE No: _____

EMERGENCY TELEPHONE No: _____

I (we) hereby request permission to perform the work described below, and acknowledge that I (we) have read all Rules and Regulations and will abide by them.

DESCRIPTION OF WORK TO BE DONE (BRIEF AND COMPLETE DESCRIPTION INCLUDING ALL KNOWN MATERIALS AND DEMENSIONS):

PERMIT FEE: \$ _____ CHECK No: _____

INSPECTION FEES: \$ _____ CHECK No: _____

RULES AND REGULATIONS

1. Street excavation permits are issued in accordance with Charter 12.08 et. Seq. of the Irwindale Municipal Code.
2. All work shall be done in accordance to the Standard Specifications for Public Works, latest edition.
3. Sewer permits are issued in accordance with Chapter 13.04 et. Seq. of the Irwindale Municipal Code.
Contractor shall secure all other permits required by other Agencies.
4. Driveway and sidewalk permits are issued in accordance with Chapter 12.04 of the Irwindale Municipal Code.
5. All service connection excavation, such as water, gas, and sewer, must be completed within **twenty-four hours**.
All other excavations must be completed within six days unless otherwise specified herein.
6. Barricades, safety lights, and all other traffic control devices shall conform with traffic control plans approved by the City, and be maintained on all excavations, trenches, and obstructions at the Contractor's own expense.
7. Any concrete removal shall be first saw-cut.
8. Trenches shall be replaced per City standard SD-25.
9. **TWENTY-FOUR HOUR ADVANCE NOTICE IS REQUIRED PRIOR TO START OF CONSTRUCTION. CONTRACTOR SHALL CALL AT (626) 430-2253 TO SCHEDULE A PRE-JOB MEETING.**
10. **TWENTY-FOUR HOUR ADVANCE NOTICE IS REQUIRED FOR ALL INSPECTIONS BY CALLING (626) 430-2253.**
11. Forms and subgrades must be inspected and approved by the City inspector before ordering or placing P.C. or asphalt concrete.
12. Sewers and other pipe lines must be inspected and approved before backfilled.
13. Contractor shall notify the Police Department and the Fire Department at least 48 hours to any road closure and/or detour.

THE CITY OF IRWINDALE AND ANY OFFICER, CONSULTANT, OR EMPLOYEE HEREOF SHALL BE SAVED HARMLESS BY THE APPLICANT FROM ANY LIABILITY OR RESPONSIBILITY FOR ANY ACCIDENT, LOSS, OR DAMAGE TO PERSONS OR PROPERTY, HAPPENING OR OCCURRING AS THE PROXIMATE RESULT OF ANY WORK UNDERTAKEN UNDER THE TERMS OF THIS APPLICATION AND THE PERMIT OR PERMITS WHICH MAY BE GRANTED IN RESPONSE THERETO, AND THAT ALL OF SAID LIABILITIES ARE HEREBY ASSUMED BY THE APPLICANT.

SIGNATURE OF APPLICANT: _____

DATE SIGNED: _____

APPROVED: _____ **DATE:** _____
CITY ENGINEER

ISSUED DATE: _____
Encroachment Permit expires 6 months from the date of issuance.

THIS APPLICATION BECOMES A PERMIT WHEN APPROVED AND FEES ARE PAID

IMPORTANT NOTICE: Section 4216/4217 of the Government Code requires a **DIG ALERT IDENTIFICATION NUMBER** be issued before a "Permit to Excavate" will be valid. For your Dig Alert I.D. Number, call TOLL FREE 1-800-422-4133 Two (2) working days before you dig.

CALIFORNIA

Original - Contractor Make Three (3) Copies: Copy 1: Public Works Inspector Copy 2: File Copy 3: Finance

FEE SCHEDULE

ENCROACHMENT PERMIT FEE
PUBLIC WORKS INSPECTION FEE

\$75.00 Non-Refundable
\$60.00 an hour X # of hours X # of days

FOR PUBLIC WORKS USE ONLY (Fee Calculations & Required Documents)			
Estimated Work Hours	Actual Inspection Hours	Required Documents	
_____ Hours @ \$_____	_____ Hours @ \$_____	<input type="checkbox"/> Certificate of Liability (Minimum \$1,000,000) <input type="checkbox"/> Proof of Workman's Compensation <input type="checkbox"/> Valid City of Irwindale Business License	
Required Plans		Comments/Initial(s)	
Traffic Control Plans Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ _____ _____ _____ _____
Street Improvement Plans Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sewer Lateral Plans Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
LA County Inspector Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Outside Agency Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ENCROACHMENT PERMIT WORK SCHEDULE

PROJECT NAME & LOCATION: _____

COMPANY NAME: _____

TELEPHONE #: _____

COMPLETE ADDRESS: _____

CONTACT NAME: _____

DATE Mo/Day/Yr:	<u>Monday</u> ___ / ___ / ___	<u>Tuesday</u> ___ / ___ / ___	<u>Wednesday</u> ___ / ___ / ___	<u>Thursday</u> ___ / ___ / ___	<u>Friday</u> ___ / ___ / ___
TIME:					
WORK DETAIL:	▪	▪	▪	▪	▪
	▪	▪	▪	▪	▪
	▪	▪	▪	▪	▪
DATE Mo/Day/Yr:	<u>Monday</u> ___ / ___ / ___	<u>Tuesday</u> ___ / ___ / ___	<u>Wednesday</u> ___ / ___ / ___	<u>Thursday</u> ___ / ___ / ___	<u>Friday</u> ___ / ___ / ___
TIME:					
WORK DETAIL:	▪	▪	▪	▪	▪
	▪	▪	▪	▪	▪
	▪	▪	▪	▪	▪
DATE Mo/Day/Yr:	<u>Monday</u> ___ / ___ / ___	<u>Tuesday</u> ___ / ___ / ___	<u>Wednesday</u> ___ / ___ / ___	<u>Thursday</u> ___ / ___ / ___	<u>Friday</u> ___ / ___ / ___
TIME:					
WORK DETAIL:	▪	▪	▪	▪	▪
	▪	▪	▪	▪	▪
	▪	▪	▪	▪	▪
DATE Mo/Day/Yr:	<u>Monday</u> ___ / ___ / ___	<u>Tuesday</u> ___ / ___ / ___	<u>Wednesday</u> ___ / ___ / ___	<u>Thursday</u> ___ / ___ / ___	<u>Friday</u> ___ / ___ / ___
TIME:					
WORK DETAIL:	▪	▪	▪	▪	▪
	▪	▪	▪	▪	▪
	▪	▪	▪	▪	▪