

APPLICATION FOR ENCROACHMENT PERMIT

CITY OF MT. SHASTA

Initial Fee: \$180.52 **

305 NO. MT. SHASTA BLVD. MT. SHASTA, CA 96067

**additional fees may apply once application has been processed

DATE: _____ (PLEASE PRINT)

The undersigned hereby applies for permission to excavate, construct and or otherwise encroach on City right of way by performing the following work or placing the following items:

Any work must be marked in the field with conspicuous stakes and flags readily visible from the City Street. Mark on the stakes to identify the applicant. The site must be identified to obtain a permit.

The work is located at _____ approximately _____ feet from intersection street _____, Assessors parcel No. _____.

The estimated project valuation is \$ _____.

Detailed plans must be submitted with this application. Design plans signed by a licensed engineer may be required by the Director of Public Works. A building permit may be required, check at City Hall.

The encroachment permit if issued, is issued in accordance with Section 1460 of the Streets and Highways Code and no warranty is made or implied with regard to the ownership of the underlying fee title to the real property involved. If the described work will encroach onto any property beyond the City right of way, the applicant will need to secure written permission from the abutting property owner.

The applicant in signing this application agrees to do the described work in accordance with City adopted construction standards and regulations.

The signature of the application will serve to indicate and acknowledge that the applicant has read and does understand the provisions set forth herein, and upon affixing said signature, does agree to conform and comply with these requirements, including the attached General Provisions, and specific provisions if added to the permit. The applicant further agrees that no work shall proceed until applicant has provided the City with an endorsement of applicants general liability insurance policy naming the City of Mt. Shasta, its agents, and employees as additional insureds for this work.

THIS IS AN APPLICATION ONLY
No work shall start until a Permit is Issued
Please Print

Contractors Name _____ License # _____

Owners Name _____

Signature of Contractor _____

Signature of Owner _____

Street Address _____

Street Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Telephone _____ Fax _____

Telephone _____ Fax _____

PLEASE SEE INSTRUCTIONS FOR COMPLETING THIS APPLICATION ON THE REVERSE

ENCROACHMENT PERMIT APPLICATION INSTRUCTIONS

1. Thoroughly read the Encroachment Permit General Provisions and the Special Conditions Encroachment Permits Utility Trenching information provided.
2. Complete the Application for Encroachment Permit. On a separate sheet, provide a Pedestrian Control Plan and a Traffic Control Plan, if applicable. Pedestrian Control Plans shall provide a clearly delineated, safe passageway for pedestrians to travel around the work site. Traffic and Pedestrian Control Plans shall be in conformance with Caltrans Standard Specifications Section 7-1.08, 7-1.09, and Section 12 and the Manual of Traffic Controls, Caltrans.
3. **The property owner's signature is required on the application. Contractor information and signature must also be included.**
4. **Obtain from your insurance company a Certificate of Liability Insurance with General Liability of at least \$2,000,000 for each occurrence and \$4,000,000 aggregate. Your insurance must also include an attached endorsement naming the City of Mt. Shasta as an Additional Insured, for which the insurance underwriter effects a change in the policy. The wording, "For projects in the City of Mt. Shasta" must be included on the Certificate of Liability.**
5. Automobile Liability - \$1,000,000 per accident for bodily injury and property damage.
6. Workers' Compensation -- as required by the State of California, with a limit of no less than \$1,000,000 per accident for bodily injury or disease.
7. Deliver or mail your completed and signed form, along with the Certificate of Liability Insurance and Endorsement, to City Hall at 305 N. Mt. Shasta Boulevard, Mt. Shasta, California, 96067.
8. **Include with the application documents a payment to the City of Mt. Shasta for \$180.52, which is the minimum deposit amount required. Depending upon the project, additional fees may apply. You will be advised at the time the permit is approved.**
9. The Public Works Director will review the application. You will be notified if there is additional information required by the Public Works Director, and/or when the permit is approved. No encroachment on a public right-of-way or on City property shall begin without first obtaining an approved Encroachment Permit.

NOTE: You should allow two (2) weeks for this process; however, the timeframe will depend upon the complexity and size of the project.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/02/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ABC Company 1234 ABC Lane ABC, CA 00000	CONTACT NAME: Contact Center	
	PHONE (A/C, No. Ex): (000) 000-0000	FAX (A/C, No):
	E-MAIL ADDRESS: abc@abc.org	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Company Name	INSURER A: XYZ Insurance Co.	123456
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: ABC-123456789 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY RATE CLAIMS.

INBR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	START DATE (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Llab Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	ABCD1234	09/02/2021	09/02/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ AUTO EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY	N	N	EFGH5678	09/02/2021	09/02/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		09/02/2021	09/02/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach 101, Additional Remarks Schedule, may be attached if more space is required)

For projects in the City of Shasta

CERTIFICATE HOLDER CITY OF MT. SHASTA 306 N MT. SHASTA BLVD MT. SHASTA, CA 96087	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Authorized Signature</i>

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
CITY OF MT SHASTA 305 N MOUNT SHASTA BLVD MOUNT SHASTA, CA 96067	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions;
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured(s) applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.