

CITY OF HAWTHORNE

ENCROACHMENT AND EXCAVATION PERMIT

PERMITTEE / OWNER

Name _____

Address _____

Phone (____) _____

Fax (____) _____

Cell Phone (____) _____

CONTRACTOR

Name _____

Address _____

24-Hour Emergency Phone (____) _____

Contractor State License No. _____

City Business License No. _____

Insurance Verified Yes _____ No _____

I hereby acknowledge that I have read this application and state that the information given is correct.

This Permit is a temporary privilege to encroach in Public Right of Way to the extent permitted. The City has the right to cancel such permit at any time.

I agree to comply with all applicable City Ordinances and state laws and with the requirements of this permit.

Signature of Permittee or Authorized Agent _____

X _____ Date _____

Address _____

Location of work (street, limits, or address) _____

City Atlas Map Page _____ Lot # _____

THIS PERMIT FOR:

- Street Closure, Street Improvement, Underground Utility, Driveway Approach, Curb & Gutter, Dumpster, Other, Testing / Monitoring Well, Sewer, Overhead Utility, Sidewalk, Fiber Optics

Description of Work: _____

Utility Plan Check has been completed for this project

Work Hours in the Public Right-of-Way 9 AM to 3:30 PM

A COPY OF THIS PERMIT SHALL BE MAINTAINED AT THE JOB SITE

THIS PERMIT IS VALID ONLY FOR DATES SHOWN

Starting date _____ Est. date completed _____

Plans attached _____ Dwg. No. _____

OFFICE USE ONLY

Permittee call Engineering Department at (310) 349-2980 for inspections checked below: 24 hours prior to inspection

No Installation / Work Shall Covered Prior Until Inspected by the City Staff

Table with columns: DATE, INSPECTOR, and checkboxes for Continuous, Excavation, Forms, Backfill, Pavement, Pipe Installation, Sewer, Gas, Electrical, Fuel.

X Final

SPECIAL REQUIREMENTS

One sack slurry cement in all pavement areas is required

- Soil Tests Required, Traffic Control Plan Required (M.U.T.C.D.), Liability Insurance Required, Site / Work shall be approved by an agency representative prior to beginning work, Preconstruction Meeting is Required, All Trench repair shall be per City Standard, Plans & Specifications shall be submitted to Engineering Division

Additional requirements: _____

Issued by _____ Date _____

Total Fees _____ CK # _____

DESCRIPTION OF WORK

EXCAVATION:

Table with columns: UNITS, LENGTH, WIDTH, FEE and checkboxes for AC pavement, PCC pavement, PCC sidewalk, PCC curb & Gutter, Driveway Approach, Monitoring Well(s), Parkway, Fiber Optics Installation, Driveway Removal, Traffic Signal Installation, Conduit, Service.

SEWER:

- Property line connection, Wye in street, Saddle in street, Manhole, Other

Location

_____ feet _____ of _____ manhole

_____ feet _____ of _____ manhole

Depth

_____ feet, at property line

_____ feet, at property line

Restoration Bond Required Amount _____

Minimum Bond \$5000.00

Date Posted _____ Date Released _____

Release approved by _____

Cash Restoration Deposit Amount _____

Minimum Cash Deposit \$5000.00

Refund approved by _____

Date _____

Final Inspection MUST be requested and satisfactorily complete prior to any refund or Release of Bond