



City of Camarillo
ENCROACHMENT PERMIT
Department of Public Works
601 Carmen Drive, Camarillo, CA 93010
(805) 383-5622

Permit No. _____

Project No. _____

APPLICATION
THIS SECTION TO BE COMPLETED BY APPLICANT

The Undersigned hereby applies for permission to encroach on the following described City Right of Way or other property:

Address: _____

Property Owner: _____

Description of the encroachment work to be done (Sketch Required): _____

Trench Excavation Length: _____ Width: _____ Depth: _____ Surface Material: _____

Contractor: _____

Contractor Address: _____ Phone: _____
NUMBER AND STREET CITY AND ZIP CODE

Email: _____ Business License #: _____

Permittee: _____

Permittee Address: _____ Phone: _____
NUMBER AND STREET CITY AND ZIP CODE

INSURANCE REQUIREMENTS:

The permittee is required to provide **general liability coverage with policy limits of at least \$2,000,000 per occurrence/\$4,000,000 aggregate for non-excavation work and \$5,000,000 per occurrence for excavation work** and **automobile coverage with policy limits of at least \$1,000,000**. Such insurance must name the City of Camarillo and its officials, officers, employees, agents and volunteers as additional insureds on a CG 20 12, and must be primary and non-contributory, and include a waiver of subrogation. The certificate of liability insurance must list the City of Camarillo as the certificate holder and include encroachment permit in the description. Proof of **workers compensation coverage per statutory requirements** must also be provided. The permittee must submit to the City certificates of insurance with proper endorsements prior to issuance of this permit by the City. The limits of insurance required herein may be satisfied by a combination of primary and umbrella or excess liability. All insurance companies must meet an A.M. Best Rating of A- and VII. No variation from these insurance requirements shall be allowed unless approved by the City Attorney. The insurance limits of permittee's existing insurance coverages shall apply to any and all claims relating to this work even if those limits are in excess of the limits required by this permit.

THIS SECTION TO BE COMPLETED BY THE DEPARTMENT OF PUBLIC WORKS

THE FOLLOWING SPECIAL ITEMS ALSO APPLY:

CITY AND/OR COUNTY STANDARD DRAWING(s) Residential Driveway Commercial Driveway Rural Driveway

Curb, Curb and Gutter, Rolled Curb Sidewalk Curb Drain City Stormwater Program Sheet

Utility Trenches **CONTACT DIGALERT 48 HOURS PRIOR TO DIGGING** Toll Free: 811 Website: www.digalert.com

CITY DRAWING Nos. _____ ATTACHED SKETCH

CALTRANS Std. _____ TRAFFIC CONTROL PLAN ATTACHED

SPECIAL CONDITIONS (See Page 2) ANNUAL BLANKET PERMIT CONDITIONS

STREETS IN MORATORIUM: _____

PERMITTEE SHALL NOTIFY _____, Public Works Inspector Phone: _____
48 HOURS PRIOR TO COMMENCING ANY WORK

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SPECIAL CONDITIONS

ACKNOWLEDGEMENT

I understand that any permit that may be granted as a result of this request may be revoked by the City at any time. In consideration for issuance of this permit, I agree, and by use hereof, my agents, employees, contractors and invitees agree to be bound by all of the provisions of California Vehicle Code Sections 35780, 35782, Chapter 13.04 of the Camarillo Municipal Code, the Standard Conditions on page 3 of this permit and any special conditions on page 1, or attached hereto.

I further agree to hold the City of Camarillo and its officials, officers, employees, agents and volunteers harmless of any claims, defense and legal costs, judgments for damages, or other relief against the City as a result of acts, or omissions, by me or my representatives, in the performance of any activities permitted hereunder, whether the condition giving rise to the claim or judgment was created in whole, of in part, by me or my representatives.

I further understand a violation of any of the conditions of this permit would constitute a violation of Section 13.04.670 of the Municipal Code, and the permittee would be liable for violations by administrative citation. Citation amounts are \$250 for first offense, \$500 for second offense, and \$750 for third and subsequent offenses.

I further understand copies transmitted via email shall have the same force and effect as an original.

Normal working hours are Monday through Friday 7:00 AM to 3:30 PM **Initials** _____

Signature of Permittee

Date

Name (Print)

Title (Print)

Permission is hereby granted to perform the activities described above subject to the statutes, ordinances, and conditions described above. Special Conditions hereon and attached here to are made a part hereof by reference. The permission is granted for the period of

_____ to _____ Normal Hours

Time extension _____ to _____

By: _____ Alternate Hours

By: _____ Date: _____

DEPARTMENT OF PUBLIC WORKS _____

Issuance Fee: _____

Certificate of Insurance: _____

Inspection Fee: _____

Franchise: _____

TOTAL: _____

Policy Expiration: _____

Date Paid/Invoiced: _____

Bond: _____