



CITY OF LOMITA
PUBLIC WORKS DEPARTMENT
ENGINEERING DIVISION

24300 Narbonne Avenue
Lomita, CA 90717
Phone: (310) 325-7110
Fax: (310) 325-4024

ENCROACHMENT PERMIT APPLICATION

SITE ADDRESS: _____

ENCROACHMENT PERMIT NO.: _____	DATE OF ISSUANCE: _____
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Permit fees will be assessed according to the master fee schedule in effect at the time the permit is issued.
Performance bond shall be in the amount equal to 100% of the estimated construction cost. Bond shall be in the form of cash, money order or cashier's check.

PROPERTY OWNER'S NAME: _____	ADDRESS: _____	CITY/STATE/ZIP: _____	PHONE: _____
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CONTRACTOR'S NAME: _____	ADDRESS: _____	CITY/STATE/ZIP: _____	PHONE: _____
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*CALIFORNIA CONTRACTOR LICENSE NO.: _____	*LOMITA BUSINESS LICENSE NO.: _____	U.S.A. (1-800-227-2600) REFERENCE NO.: _____
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REFUND BOND TO: _____

DESCRIPTION OF WORK:

ESTIMATED CONSTRUCTION COST: \$ _____

I hereby acknowledge that I have read this permit and the attached conditions, that the information given by me is correct, that I am the owner or the duly authorized agent of the owner, and that I agree to comply with the conditions and all applicable provisions of state laws, city ordinances, and the rules of any governmental agency involved.

PRINT NAME: _____ **APPLICANT SIGNATURE:** _____ **DATE:** _____

E-MAIL ADDRESS: _____ **CONTACT NUMBER:** _____

PERMIT FEES	AMOUNT	ACCOUNT NO.
PLAN REVIEW:	\$ _____	_____
PERMIT ISSUANCE:	\$ _____	_____
INSPECTION:		
Driveway/Curb & Gutter/Sidewalk, per item	\$ _____	_____
Power Pole Installation/Relocation, per item	\$ _____	_____
Utility Cut/Trench Excavation/Pavement Restoration, up to 50 lineal feet	\$ _____	_____
Overhead Utility Installation, per location	\$ _____	_____
Traffic Control/Lane Closure/Detour Inspection, per day	\$ _____	_____
Tree Removal/Tree Planting, per location	\$ _____	_____
Parkway Modifications/Plantings	\$ _____	_____
Trash Bin – Flat Fee (no extra encroachment permit)	\$ _____	_____
Other: _____	\$ _____	_____
PERFORMANCE DEPOSIT:	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
SUBTOTAL:	\$ _____	_____
2% Technology Surcharge:	\$ _____	_____
TOTAL FEE:	\$ _____	_____

APPROVED BY: _____ **DATE:** _____ **EXPIRATION DATE:** _____

(Not valid unless approved by Department)

INSPECTION:	SIGN OFF: (DEPOSIT REFUND)
INSPECTOR: _____ DATE PROJECT COMPLETED: _____	____ ISSUE REFUND _____ HOLD DEPOSIT



GENERAL CONDITIONS

Anyone working in the City of Lomita right-of-way, such as streets, sidewalks, parkways, public easements, and utility easements, is required to obtain an Encroachment Permit from the City prior to starting work.

1. This permit regardless of when dated shall not be in effect until the applicant has obtained all licenses and other permits required by law.
2. This permit is declared **null and void** if work has not commenced six (6) months after the date of permit issuance.
3. A Traffic Control Plan is required for work on arterial streets. Traffic control for work on local and residential streets shall comply with **Manual on Uniform Traffic Control Devices (MUTCD)**.
4. Any damages to existing facilities and improvements above ground or below ground, shall be promptly repaired or replaced at the permittee's expense, and claims for damage to City property must be promptly paid.
5. Applicant is responsible for determining exact locations or depths of existing utilities or other facilities. Call **Underground Service Alert (USA)** at 1-800-227-2600 a minimum of 48 hours prior to performing work.
6. Applicant must carry sufficient insurance to work in the public right of way, and name the City of Lomita as additional insured. Applicant agrees to keep insurance active for the duration of the project.
7. All work shall comply with the City of Lomita Standards.
8. **Permittee shall notify the Public Works Inspector at least 24 hours prior to commencement of work.** The number and type of inspections required, and any tests that may be required will be as directed by the Public Works Inspector. The Public Works Inspector may be contacted by calling (310) 325-7110 ext. 110, or 170.
9. All trench plates used in the public right of way must have a non-skid surface.
10. Construction activities are restricted to Monday through Friday (City holidays excepted) between the hours of 8:00 AM and 5:00 PM, unless otherwise approved by the Public Works Director.
11. A faithful performance bond or a cash deposit for restoration of the streets is required. The engineer shall determine the bond amount based on the estimated cost of restoring the streets.
12. This grant of permission does not constitute a deed or grant of easement by the City, is not transferable or assignable and is revocable at any time at the will of the City.
13. The Traffic Control Plan as attached must be adhered to at all times. **Note that the Traffic Control Plan may have restricted working hours for working in the public right of way, which supersedes the standard encroachment permit working hours.**
14. The use of City property by permittee shall be limited to the purposes set forth by this permit and no structures of any kind, except those expressly permitted shall be erected or placed thereon.
15. Debris boxes/storage containers shall have reflectors so that they can be seen at night. This permit must be taped to the outside of debris boxes in a visible location.
16. All stormwater BMPs must be in place between October 15th and April 15th, or as directed by the Public Works Inspector.
17. Bond(s) will be refunded in full after the Public Works Inspector has signed off on the permit as being complete.
18. A current **City of Lomita Business License** is required unless an owner-builder is the applicant.
19. Contractor and subcontractors must have a valid **Contractor's License** in the State of California.
20. Excavations over five (5) feet in depth shall conform to **Occupational Safety & Health Administration (OSHA)** requirements and regulations.
21. Additional conditions (if any) are attached to this permit and shall be followed accordingly.



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APPLICATION FOR BOND RELEASE

PROJECT ADDRESS:	PERMIT #	DATE:
COMPANY NAME:	CONTACT PERSON:	PHONE #
MAILING ADDRESS:	ORIGINAL RECEIPT ATTACHED: <input type="checkbox"/> Yes <input type="checkbox"/> No* *IF NO, ATTACH ALTERNATE PROOF OF PAYMENT	
REASON FOR REFUND: (CHECK ONE) <input type="checkbox"/> COMPLETION BOND <input type="checkbox"/> STREET OPENING BOND		
BOND RELEASE REQUEST AMOUNT:		
APPLICANT SIGNATURE:		
NOTE: ALL REFUNDS WILL BE REFUNDED TO THE ORIGINAL FEE PAYEE.		
REFUND REVIEWED AND APPROVED BY:		DATE:
REFUND PROCESSED BY:	DATE STATUS LETTER MAILED:	