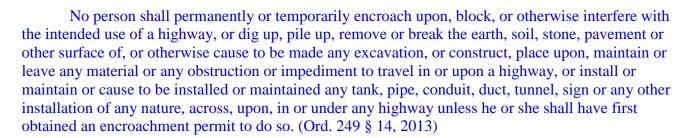
Requirements for Traffic Control Encroachment Permit (1-2 days of work)

Encroachment permit <u>required</u> per City Municipal Code:

14.08.020 Excavations, fills, obstructions.



To apply for permit:

- 1. Completed encroachment permit application
- 2. Insurance certificate and endorsement (two pages)
 - a. See attached City insurance coverage requirements
- 3. Traffic control diagram
 - a. OK to use 2019 WATCH (Work Area Traffic Control Handbook) for right lane, bike lane, sidewalk closures (submit diagram w/application)
- 4. Permit fee will be determined after review is complete
 - a. Payment must be check, cash or credit cards
- 5. Google map indicating work area
 - a. Circle or highlight work area on map

Email permit application and documents to pwpermits@lakeforestca.gov or drop off at 1st floor Public Works counter at Lake Forest City Hall (25550 Commercentre Drive)

Encroachment permits are not issued over the counter. Please allow 5-10 business days for processing.

ENCROACHMENT PERMIT

City of Lake Forest/Department of Public Works 100 Civic Center Drive Lake Forest, California 92630 (949) 461-3487 Fax: (949) 461-3512 Email permit requests to:



| PERMIT NO.: | |
|------------------|--|
| ISSUE DATE.: | |
| ISSUE DATE | |
| EXPIRATION DATE: | |

Date

pwpermits@lakeforestca.gov

APPLICATION FOR WORK IN THE PUBLIC RIGHT OF WAY

TO EXCAVATE, FILL, OBSTRUCT, OR CONSTRUCT ON PUBLIC PROPERTY AND AGREEMENT TO HOLD THE CITY OF LAKE FOREST HARMLESS Work Location: Development No./Project:_____ Address of Applicant: Name of Applicant: Name of Contractor: Contractor's Phone: Address of Contractor: Contact Name: Contractor's License: APPLICATION IS HEREBY MADE TO PERFORM THE FOLLOWING WORK Sidewalk/Driveway Paving Other Excavation TYPE OF WORK Replacement (check applicable): Traffic Control/Lane Storm Drain Entry Stockpile/Storage Closure **REQUIRED** Insurance Certificate and Endorsements 2 sets of Approved Plan (both general liability and workers comp) SUBMITTALS: Work Scheduled to Begin:_____ Estimated Completion Date:_____ Title of Approved Plan:_____ Indicate In Specific Detail Work To Be Done: I AGREE TO COMPLY WITH THE STANDARD CONDITIONS AND/OR SPECIAL PROVISIONS ATTACHED TO THIS APPLICATION AND WITH ALL CITY ORDINANCES, RESOLUTIONS, STANDARDS AND SPECIFICATIONS CURRENTLY IN FORCE, AND TO PAY FOR REMOVAL AND PROPER PLACEMENT OF ANY ITEM INSTALLED UNDER THIS PERMIT WHICH DOES NOT COMPLY WITH THE ABOVE. IN ADDITION, I AGREE TO PAY FOR THE REPAIR AND/OR REPLACEMENT OF ANY CITY FACILITY OR IMPROVEMENT WHICH MAY BE CUT OR DAMAGED AS A RESULT OF ANY WORK UNDERTAKEN PURSUANT TO THIS PERMIT. **NOTIFY PUBLIC WORKS INSPECTOR 48 HOURS PRIOR TO BEGINNING WORK AT (949) 461-3494** **UNDERGROUND SERVICE ALERT (Call 811) has been contacted and has provided Inquiry ID Number Applicant (Print Name) Phone Number **Applicant Signature** Date APPROVED:

| PERMIT FEES | INSPECTION RECORD | | | |
|---------------------|---|-------|--|--|
| Issuance Fee: | Leartify that the work allowed in the public right of way has been constructed according | | | |
| Inspection Fee: | I certify that the work allowed in the public right-of-way has been constructed according to the conditions, specifications and plans of this permit and I hereby accept the work in | | | |
| Deposit | this manner. | | | |
| PENALTY: | | | | |
| TOTAL: | Inspector's Signature: | Date: | | |
| CASH CHECK #: | | | | |
| BOND INFORMATION | | | | |
| Surety Type & No. : | Comments: | | | |
| Surety Amount: | | | | |

Department of Public Works/Engineering Division

| Copies to: | □ City File | □ Finance | □ Permitee | □ Inspector |
|----------------|-------------|-----------|------------|-------------|
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CITY OF LAKE FOREST

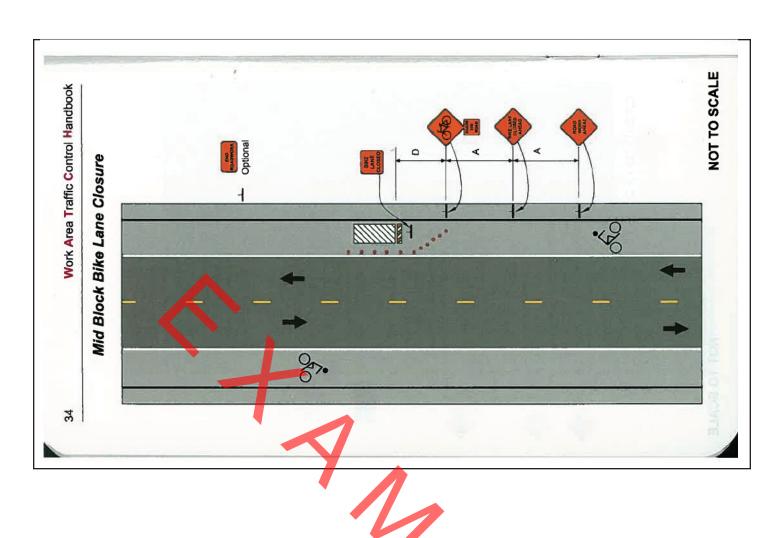
INSURANCE REQUIREMENTS

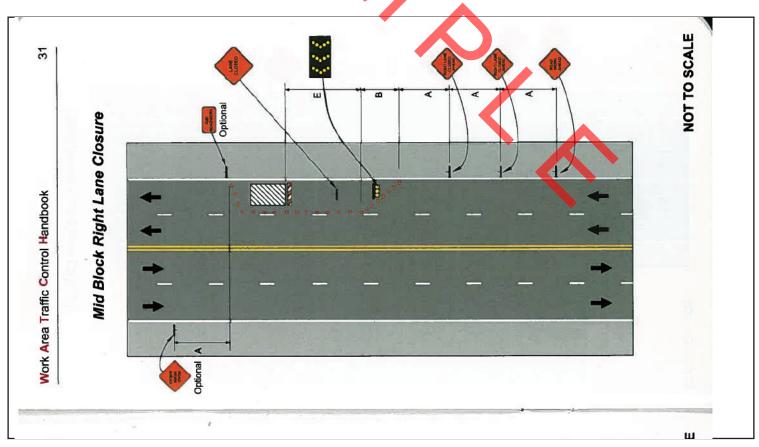
When performing work within the City right-of-way, permittee shall provide the City with verification of combined single limit insurance with a minimum amount of one million dollars (\$1,000,000.00) for public liability and property damage from an insurance company satisfactory to the City. The insurance certificate shall name the City of Lake Forest as additional insured along with the permittee. The insurance certificate must contain a clause requiring the insurance company to give the City thirty (30) days written notice prior to any change in insurance coverage. Property coverage shall contain a standard subrogation clause. Evidence of workers' compensation insurance must also be given.

- 1. The certificate holder shall be the City of Lake Forest, 100 Civic Center Drive, Lake Forest, California 92630.
- 2. Additional Insured: The City, its officials, officers, employees, agents, and volunteers shall be additional insureds with regard to liability and defense of suits or claims arising out of the performance of the Agreement.
 - Additional Insured Endorsements shall not (1) be restricted to "ongoing operations"; (2) exclude "contractual liability"; (3) restrict coverage to "sole" liability of Consultant; or (4) contain any other exclusions contrary to the Agreement.
- 3. Required insurance policies shall not be canceled or the coverage reduced until a thirty (30) day written notice of cancellation has been served upon the City except ten (10) days shall be allowed for non-payment of premium.
- 4. The certificate shall show the expiration date of the policy. Words such as "until cancelled" are acceptable.
- The certificate may be an exact copy or duplicate. However, it must be originally "wet" signed by the insurance agency. Faxed copies are acceptable directly from the insurance company, but originals must be received within three (3) days.
- 6. The certificate shall include a valid policy of workers' compensation insurance in a form approved by the Insurance Commissioner, or, workers' compensation may be submitted on a separate form.
- If the permittee does not employ persons directly, it is acceptable to execute a waiver form.

Should any further clarification be necessary, please contact the City of Lake Forest at (949) 461-3480.

FAX: (949) 461-3511





(a) Sign space may be inserted in low speed urbain areas and should be inserted in high speed urbain and rural areas. (b) Sign spacing in rural areas should be 500 ft.

Work on Preeways and Expressways win speeus or on right or greater area interest or areas of head-on conflict.

(A) Posted Speed or observed operating speed (whichever is greater) as taking place, on curves, or areas of head-on conflict.

(A) Channelizer spacing shall be reduced in half at areas where work is taking place, on curves, or areas of head-on conflict.

| Work on Enseways and Expressways with speeds of 65 mmh or greater shall meet the Standard Plans and Standard Specifications of Califara. | | | | | | | |
|--|-----|------|-----|------|-----|------|-------|
| 100 | 09 | 789 | Se0 | 390 | 087 | 9009 | (J)S9 |
| 100 | 09 | 969 | 240 | 390 | 720 | 00G | 09 |
| 100 | 09 | 9Z0 | 220 | 330 | 099 | 009 | 99 |
| 100 | 09 | 91/1 | 500 | 300 | 009 | 320 | 09 |
| 06 | 517 | 87£ | 180 | 270 | 940 | 320 | SÞ |
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100 100 100 06 08 04 520 30 09 30 202 09 06 180 100 52 152 45 63 09 52 158 J SI REPART J A39AT J EN REPART CHANNELIZER SPACING TAPER® SPACE (4) ENTREENT (3) SHOULDER SHILLING WEEGING WIDH⊗ SDEED "S" MINIMIN MINIMUM A SIGN SPACING (5) MUMINIM SPACING CHANNELIZER 0 8 3 O MUNIXAM MUMDAM DIMENSION DIMERSION DIMERSION DIMENSION DIMERSION MINIMUM RECOMMENDED CHANNELIZING DEVICE AND SIGN SPACING (1)

