

ENCROACHMENT PERMIT APPLICATION

In accordance with City of Ontario
Municipal Code Chapter 7-3.04.



ENGINEERING DEPARTMENT

303 East B Street, Ontario, CA 91764
T: (909) 395-2025, F: (909) 395-2122

INSTRUCTIONS:

- Provide two (2) sets of plans, specifications, calculations, or drawings with this application, wherever applicable.
- Contractor(s) must provide Liability Insurance Certificate naming the City as additionally insured.
- Contractor(s) must possess a current Business License on file with the City.
- Allow for a minimum of three (3) business days to process this application.
- Provide a copy of an approved Caltrans permit for any proposed work within the State right-of-way.
- Complete all items and put N/A for non-applicable items.
- For public improvement projects, three (3) copies of engineered plans approved by the City Engineer are required to be submitted with this permit application.
- Permit fee is based on estimated off-site construction cost + \$85.00 (subject to change).
- Applicants shall submit traffic handling plans for review showing all work in the road right-of-way. This can be satisfied by providing copies of the appropriate Typical Applications (TA) taken from the latest version of the California MUTCD, Part 6, Temporary Traffic Control. Complex projects on multi-lane roadways with an ADT greater than 12,000 vehicles per day and affecting multiple lanes and major intersections will require separate Traffic Control Plans submitted in advance for plan checking prior to issuance of any traffic control permit.
- Application is not complete until all required attachments are included.

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|---|--|--|--|---|-----------|---|---|
| Application Date: | | Permit #: | | File Reference #: | | | |
| Owner Information | | | | Applicant Information | | | |
| Name: | | | | Name: | | | |
| Phone Number: | | | | Phone Number: | | | |
| Address: | | | | Address: | | | |
| City, State, Zip: | | | | City, State, Zip: | | | |
| Contractor/Subcontractor Information | | | | All Refunds Shall Be Returned To | | | |
| Name: | | | | Company and/or Contact Name: | | | |
| Phone Number: | | | | Initial Here: _____ | | | |
| Address: | | | | Phone Number: | | | |
| City, State, Zip: | | | | Address: | | | |
| License #: | | Exp. Date: | | City, State, Zip: | | | |
| Class/Type: | | | | | | | |
| 24-Hour Emergency Contact #1 | | | | 24-Hour Emergency Contact #2 | | | |
| Name: | | | | Name: | | | |
| Phone Number: | | | | Phone Number: | | | |
| Project Location | | | | | | | |
| Project/Work Address (Nearest to Job Site): | | | | | | | |
| Name of Street: | | Limits (Cross Streets): | | Start Date: | End Date: | Start Time: | End Time: |
| | | to | | | | | |
| | | to | | | | | |
| | | to | | | | | |
| Work to be Performed | | | | | | | |
| <input type="checkbox"/> Backflow/R.P. Device | | <input type="checkbox"/> Drainage Connection | | <input type="checkbox"/> Parkway Drain | | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Traffic Signal |
| <input type="checkbox"/> Boring | | <input type="checkbox"/> Drive Approach | | <input type="checkbox"/> Parkway Landscaping | | <input type="checkbox"/> Street Light | <input type="checkbox"/> Water Main |
| <input type="checkbox"/> Communication | | <input type="checkbox"/> Dry Utility Trench | | <input type="checkbox"/> Pavement Replacement | | <input type="checkbox"/> Signing/Striping | <input type="checkbox"/> Water Service |
| <input type="checkbox"/> Curb and Gutter | | <input type="checkbox"/> Fence in Right-of-Way | | <input type="checkbox"/> Sewer Lateral | | <input type="checkbox"/> Storm Drain | <input type="checkbox"/> Other |
| <input type="checkbox"/> Curb Core | | <input type="checkbox"/> Monitoring Manhole | | <input type="checkbox"/> Sewer Main | | <input type="checkbox"/> Storm Water Quality Device | |
| Description of Work (Attach Additional Sheet(s) if Needed, Indicate Drawing Numbers Where Appropriate): | | | | | | | |
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| Work to be Performed (Continued) | | | |
|---|--|--|--|
| List Permit Attachments Here: | | | |
| Preliminary Estimated Construction Cost in City Right-of-Way (If Known): | | Approved Cost Estimate: | |
| Is the depth of the proposed excavation equal to or greater than five (5) feet? | <input type="checkbox"/> No | <input type="checkbox"/> Yes, DIS Permit #: | |
| If yes, attach a copy of "Permit to Excavate" from the State Department of Industrial Relations, Division of Industrial Safety (DIS). | | | |
| If Traffic Control is Required, Complete the Following | | | |
| This Traffic Control information is being submitted by, or for, one of the following: | | | |
| <input type="checkbox"/> Owner/Builder working on their own private property frontage (Encroachment Permit required). | | | |
| <input type="checkbox"/> Owner/Developer working on Development Project on various on- and off-site improvements (Encroachment Permit required). | | | |
| <input type="checkbox"/> Prime Contractor working for an owner or developer on various on- and off-site improvements (shall apply under owner's Encroachment Permit, otherwise a separate Encroachment Permit is required). | | | |
| <input type="checkbox"/> Sub-Contractor to a Prime (shall apply under owner's Encroachment Permit, otherwise a separate Encroachment Permit is required). | | | |
| <input type="checkbox"/> Utility Company (Encroachment Permit required under their name). | | | |
| <input type="checkbox"/> Contractor working on City Project (Encroachment Permit required). | | | |
| <input type="checkbox"/> Other public agency working on agency project (Encroachment Permit required under their name). | | | |
| <input type="checkbox"/> Non-construction activity such as a special event, parade, law enforcement operation (Encroachment Permit may be required). | | | |
| <input type="checkbox"/> Owner/Builder working on their own private property frontage (Encroachment Permit required). | | | |
| <input type="checkbox"/> Owner/Builder working on their own private property frontage (Encroachment Permit required). | | | |
| <input type="checkbox"/> Owner/Builder working on their own private property frontage (Encroachment Permit required). | | | |
| Work Will Require Closure of the Following (Check All that Apply): | | | |
| <input type="checkbox"/> Bus Stop | <input type="checkbox"/> Sidewalk/Parkway | <input type="checkbox"/> Shoulder/Parking Lane | <input type="checkbox"/> Intersection |
| <input type="checkbox"/> Median | <input type="checkbox"/> Travel Lanes, including turn lanes (Partial Street Closure) | | <input type="checkbox"/> Whole Roadway (Full Street Closure) |
| Describe Proposed Detour Route (If Applicable): | | | |
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| The undersigned have received and read City Municipal Code Sec. 7-3.04 and Encroachment Permit Provisions. I understand the requirements imposed upon me and my agents. I understand that any violation of the requirements of this permit may result in the issuance of "Demand for Compliance" requiring me to comply with this permit and the directive of the City Engineer within 24 hours. I further understand that any violation of this permit may result in the issuance of a "Stop Work Order" requiring my project to be halted for an unspecified period of time and the suspension or revocation of any other permit issued to me. | |
| _____ Signature of Applicant/Owner | _____ Date |

| For Use by City Staff Only | | |
|--|-----------------------------|--|
| Date Application Received: | By: | Encroachment Permit #: |
| Traffic Control Permit Required? | <input type="checkbox"/> No | <input type="checkbox"/> Yes - If Issued, Traffic Control Permit Number: |
| This Application becomes an attachment to any Encroachment and/or Traffic Control Permit that is issued by the Engineering Department. | | |