

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:

- Permit fees will be collected after the permit is ready to be issued and is based on the estimated off-site construction cost (encroachment permit fee is subject to change).
- Allow for a minimum of three (3) business days to process this application.
- Complete all items and put N/A for non-applicable items.
- Application is not complete until all required attachments are included.
- Attach two (2) sets of plans, specifications, calculations, or drawings with this application, wherever applicable.
- For public improvement projects, attach two (2) copies of the engineered plans approved by the City Engineer.
- Attach two (2) sets of 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.
- Attach a copy of an approved Caltrans permit for any proposed work within the State right-of-way.
- Attach a copy of the Contractor(s) State of California License Number(s) and current Business License on file with the City.
- Attach proof of insurance as required by the City of Ontario in the document entitled "Encroachment Permit Insurance Requirements."
- If the Owner and the Applicant are not the same, the Applicant shall attach a Letter of Authorization signed by the Owner.
- Prior to beginning any work the contractor shall have a licensed surveyor identify and tie out any existing street monuments, City bench marks, and/or City ties affected by the proposed work. The licensed surveyor shall also replace and submit a corner record with the City and County for any center line monuments affected by the proposed work.

Application Date:		Permit #:		File Reference #:			
Owner Information				Applicant Information			
Name:				Name:			
Address:				Address:			
City, State, Zip:				City, State, Zip:			
Phone Number:				Phone Number:			
Contractor/Subcontractor Information				All Refunds Shall Be Returned To			
Name:				Company and/or Contact Name:			
License Class/Type:		Exp. Date:					
License #:				Initial Here: _____			
Address:				Address:			
City, State, Zip:				City, State, Zip:			
Phone Number:				Phone Number:			
24-Hour Emergency Contact #1				24-Hour Emergency Contact #2			
Name:				Name:			
Phone Number:				Phone Number:			
Project Location							
Project/Work Location (nearest address):							
Name of Street:		Limits (Cross Streets):		Start Date:	End Date:	Start Time:	End Time:
		to					
		to					
Work to be Performed (Check all that apply)							
<input type="checkbox"/> Backflow/R.P. Device	<input type="checkbox"/> Drive Approach	<input type="checkbox"/> Pkwy Drain/ Curb Core	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Traffic Signal			
<input type="checkbox"/> Boring	<input type="checkbox"/> Dry Utility Trench	<input type="checkbox"/> Parkway Landscaping	<input type="checkbox"/> Street Light	<input type="checkbox"/> Water Main			
<input type="checkbox"/> Communication	<input type="checkbox"/> Fence in Right-of-Way	<input type="checkbox"/> Pavement Replacement	<input type="checkbox"/> Signing/Striping	<input type="checkbox"/> Water Service			
<input type="checkbox"/> Curb and Gutter	<input type="checkbox"/> Fiber Optic	<input type="checkbox"/> Sewer Lateral	<input type="checkbox"/> Storm Drain	<input type="checkbox"/> Wireless Facilities			
<input type="checkbox"/> Drainage Connection	<input type="checkbox"/> Monitoring Manhole	<input type="checkbox"/> Sewer Main	<input type="checkbox"/> SW Quality Device	<input type="checkbox"/> Other;			
Description of Work (Attach Additional Sheet(s) if Needed, Indicate Drawing Numbers Where Appropriate):							

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, Permit #:	
If yes, attach a copy of "T1 - Annual Trench/Excavation Permit" from the State Department of Industrial Relations (DIR), Division of Occupational Safety and Health (DOSH).			
Please complete this box as appropriate:			
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"/> Telephone Company or State Video Franchise Holder (Master Encroachment Agreement and Encroachment Permit required under Franchisee's name). Master Encroachment Agreement executed? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, Date of execution: _____			
<input type="checkbox"/> Other Utility Company (Encroachment Permit required under their name).			
<input type="checkbox"/> Other Private Company (Master Encroachment Agreement and Encroachment Permit required under their name). Master Encroachment Agreement executed? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, Date of execution: _____			
<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).			
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):			

The undersigned has 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 _____
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.			