



CITY OF SOUTH GATE
PUBLIC WORKS DEPARTMENT
ENCROACHMENT PERMIT APPLICATION
PERMIT NUMBER: _____

Company submitting the Encroachment Permit Application, performing permit work, and/or assisting with Traffic Control shall submit their company Business License (Issued by South Gate), Signed Hold Harmless, Insurance Certificate, Additional Insured Endorsement Document, and Letter of Authorization (from the property/utility owner).

A complete Encroachment Permit Application shall include the following items:

- A. Encroachment Permit Application
- B. Business License from the City of South Gate
- C. Project Plans or Drawings
- D. Number of Work Days: _____
- E. Signed Hold Harmless Agreement
- F. Insurance Certificate with City of South Gate Additional Insured Endorsement
- G. Traffic Control Plans or California MUTCD is required for the following arterials:
(varies depending on type of work that will be performed)

- | | | |
|-------------------|--------------------|--------------------|
| 1. Santa Ana St | 6. Long Beach Blvd | 11. Rayo Ave |
| 2. Firestone Blvd | 7. State St | 12. Garfield Ave |
| 3. Southern Ave | 8. California Ave | 13. Wright Road |
| 4. Tweedy Blvd | 9. Otis St | 14. Paramount Blvd |
| 5. Imperial Hwy | 10. Atlantic Ave | |

If work is being performed within 50 feet of a street mentioned above Traffic Control or Per California MUTCD is required.

Traffic Control plans are required for any Street Closure or Alley Closure.

*****Note: If Contractor (or subcontractor) is not identified on the Encroachment Permit at time of submittal to Public Works for review/approval. The Contractor, once selected to perform permit work, shall email William Orejana at Worejana@sogate.org a valid Business License issued by South Gate, Signed Hold Harmless, Additional Insured Endorsment, Letter of Authorization and a copy of the approved Encroachment Permit.**

*****All items need to be submitted before a preconstruction meeting will be scheduled.*****



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Fill in ALL Blanks. If not applicable, write "N/A"

Is this Encroachment Application for a Proposed Wireless Cell Antenna? Yes No
 Is there an Existing Cell Site? Yes No
 Is the cell site a Microcell or Macrocell

PROPERTY/UTILITY OWNER: _____

Contact Person: _____
 Phone: _____ Email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

CONSULTING/DESIGN FIRM: _____

Contact Person: _____
 Phone: _____ Email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

CONSTRUCTION CONTRACTOR: _____

Contact Person: _____ Contractors License: _____ License Expiration Date _____
 Phone: _____ Email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

SUB CONTRACTOR: _____

Contact Person: _____ Contractors License: _____ License Expiration Date _____
 Phone: _____ Email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Address/Intersection of Work: _____

Work Description: _____

Removing and Replacing Existing Infrastructure Yes No Full Street Closure: Yes No
 Adding to Existing Infrastructure Yes No Partial Street Closure: Yes No
 New Infrastructure Yes No
 Excavation: Length _____ Width _____ Depth _____ Boom Truck Required: Yes No
 Power Pole Number(s): _____, _____ Dimensions of Boom Truck: Width _____ Length _____

24 Hour Emergency Contact:

Name: _____ Phone: _____ Email: _____



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For office use only. Please leave blank.

Contact William Orejana Assistant Engineer, at Worejana@sogate.org at least 48 hours prior to starting work and to schedule a site meetings.

William Orejana, Assistant Engineer; Worejana@sogate.org; Phone:(323) 357-9659

Conditions of Approval and all other attachments are a part of this permit.

FEEES & CONDITIONS:

| <u>FEE DESCRIPTION</u> | <u>FEE CALCULATION</u> | <u>AMOUNT</u> |
|------------------------|------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TOTAL PERMIT FEES:

AUTHORIZATION:

This permit authorizes only that work described above. All modifications to this permit must be approved in writing prior to construction.

I/we hereby acknowledge that I/we agree to abide by all conditions and specifications of this permit.

Authorization of work on this Encroachment Permit does not automatically constitute approval of future Encroachment Permits associated to work identified on this permit application.

Signature: _____
Authorized Agent of Permittee Date Print Name

PERMIT START DATE: _____ EXPIRATION DATE: _____

PERMIT EXTENSION DATE: _____ EXTENSION AUTHORIZED BY: _____

Issued by Public Works Department: _____ Date: _____