



RESOURCE MANAGEMENT AGENCY

5961 SOUTH MOONEY BLVD
VISALIA, CA 93277
PHONE (559) 624-7000
FAX (559) 730-2653

Michael Washam Economic Development and Planning
Reed Schenke Public Works
Sherman Dix Fiscal Services

REED SCHENKE, DIRECTOR

MICHAEL WASHAM, ASSOCIATE DIRECTOR

August 31, 2018

REQUIREMENTS FOR OBTAINING ROAD ENCROACHMENT PERMITS

Attached are samples required for obtaining an encroachment permit.

APPLICATION FOR ENCROACHMENT PERMIT:

Has to be filled out in full, **including both the signatures of the owner and contractor, mailing address of each and phone number of the contractor.** Also enclose two sets of plans of the proposed work.

CERTIFICATE OF INSURANCE:

A minimum general liability of \$500,000 is required and the following phrase must be type verbatim on all certificates of insurance: **"THE COUNTY OF TULARE, ALL OF ITS OFFICERS, AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED."**

BOND:

A bond amount is calculated for each job. Any higher amount may be posted and individual jobs will be deducted from the available balance. The minimum bond or bond balance shall be \$5,000.00. Larger jobs may require larger bond amounts, to be determined by our Permit Agent. If you have questions you can call (559) 624-7000.

ANY REQUIREMENTS OR REGULATIONS YOU FEEL UNJUST MAY BE APPEALED TO THE COUNTY BOARD OF SUPERVISORS.

SAMPLE ENCROACHMENT BOND

BOND AMOUNT SHALL BE BETWEEN \$5,000 AND \$25,000, DEPENDING ON THE SIZE OF JOB, TO BE DETERMINED BY TULARE COUNTY PERMIT AGENT.

BOND NO. _____

ENCROACHMENT BOND

KNOW ALL MEN BY THESE PRESENTS:

That _____ as Principal, and the _____, a corporation under the laws of the State of California, as Surety, are held and firmly bound unto the COUNTY OF TULARE, STATE OF CALIFORNIA, in the sum of _____ (\$ _____), lawful money of the United States of America, for the payment of which sum well and truly to be made to said County of Tulare, State of California, we and each of us bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents, THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, THAT:

WHEREAS, the above bounded principal desires from time to time to apply to the Public Works Director of said County of Tulare, State of California, for encroachment permits as required by Sections 3358 and 3359 of the Ordinance Code of Tulare County concerning encroachments.

NOW, THEREFORE, if the above named bounded principal shall well and truly carry out, execute and perform all things by it to be carried out, executed and performed according to the terms and conditions of any and all permits issued to it during the existence of this Bond, pursuant to and under the provisions of said Ordinance of the County of Tulare and according to the terms and conditions of said Ordinance, then this obligation shall become null and void, otherwise to remain in full force and effect for the period commencing _____ until cancelled.

By _____
Principal

Surety

By _____
Attorney-In-Fact

Certificate of Insurance

acord THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.

THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED IN THE POLICIES LISTED BELOW.

NAME AND ADDRESS OF AGENCY JOHN Q PUBLIC INSURANCE AGENCY 12345 UNKNOWN STREET VISALIA, CA 93277	COMPANIES AFFORDING COVERAGES	
	COMPANY LETTER A JOHN DOE ACCIDENT & INDEMNITY	
NAME AND ADDRESS OF INSURED XYZ CONSTRUCTION COMPANY 12345 JOHN DOE AVENUE VISALIA CA 93277	COMPANY LETTER B	
	COMPANY LETTER C	
	COMPANY LETTER D	
	COMPANY LETTER E	
	COMPANY LETTER E	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, in or Condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of WWI In Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	--- (for encroachment permits)	12-31-	BODILY INJURY	\$	\$
	COMPREHENSIVE FORM PREMISES-OPERATIONS EXPLOSION AND COLLAPSE UNDERGROUND HAZARD PRODUCTS/COMPLETED OPERATIONS 14AZAN D CONTRACTUAL INSURANCE BROAD FORM INDEPENDENT CONTRACTORS	51 CBP 200903		PROPERTY DAMAGE	\$	\$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 500	\$ 500
				PERSONAL INJURY		\$ 500
A	PERSONAL INJURY AUTOMOBILE LIABILITY	(Required for Moving Permits Only)	12-31-	BODILY INJURY (EACH PERSON)	\$	
	COMPREHENSIVE FORM OWNED HIRED NON-OWNED	51 CBP 200903		BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 500	
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY			STATUTORY		\$
	OTHER					

The following phrase must by typed verbatim on all certificates of insurance:
**THE COUNTY OF TULARE, ALL OF ITS OFFICERS AND
 EMPLOYEES ARE NAMED AS ADDITIONAL INSURED.**

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the below named certificate holder. but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER
 RESOURCE MANAGEMENT AGENCY
 TULARE COUNTY
 5961 SOUTH MOONEY BLVD.
 VISALIA IA CALIFORNIA 93277-9394

Date Issued: 1-1-


APPLICATION FOR ENCROACHMENT PERMIT

COUNTY OF TULARE
RESOURCE MANAGEMENT AGENCY
5961 S. MOONEY BLVD.
VISALIA, CA 93277
(559) 624-7000

ANY REQUIREMENTS OR REGULATIONS YOU FEEL UNJUST MAY BE APPEALED TO THE COUNTY BOARD OF SUPERVISORS. THE CONTRACTOR AND APPLICANT UNDERSTAND THAT THIS IS AN APPLICATION ONLY, NOT A PERMIT. NO WORK SHALL START UNTIL A PERMIT IS ISSUED AND THE PERMIT IS ON THE JOB SITE.

The undersigned hereby applies for a permit to allow them to do certain work within the right-of-way of a County Highway, in accordance with Sections 3-07-1160 to 3-07-1385 of the Ordinance Code of Tulare County. The necessary information concerning said work is as follows:

1. LOCATION and DESCRIPTION of the proposed work to be done within right-of-way.

A. General location described by number or name of highway.

Road _____ From Avenue _____ To Avenue _____
Avenue _____ From Road _____ To Road _____
Other _____ From _____ To _____

B. Description of exact location in feet of encroachment from the County property line or section line and edge of pavement, starting from the nearest cross road property line. (If more room is needed attach a sheet).

Example: Install 6" steel Water main on Road 100 starting 1510' south of the Center Line of Ave. 100, at 25' east of the center line or section line of Road 100, and 5' east of the edge of oil, then south for 350', then east 5' to private property.

INSTALL:

Multiple horizontal lines for handwritten installation details.

2. ATTACH TWO (2) SETS OF PLANS showing road right-of-way, edge of pavement from property line. The exact location of proposed work, all County drain pipes, roads, avenues, type of driveways, bridges (need blowup), footage of encroachment for each road and all existing utilities.

3. TYPE OF WORK to be done. (check one)

Sewer [] Water [] Elec. Service [] A.C. Driveway [] Pipeline []
TV Cable [] Other _____

4. PURPOSE OF THE PROPOSED WORK. (check one)

New Main [] Replacement [] New Service [] Other _____

5. Will pavement be cut or disturbed.

Yes [] No [] Bore [] Open Trench []

6. The materials which will be used to perform this work are as follows.

Plastic Pipe [] Steel Pipe [] Cable [] Concrete Pipe [] Other _____
Size _____ Size _____ Size _____ Size _____ Size _____
Type _____ Type _____ Type _____ Type _____ Type _____
SDR Rating _____

7. The proposed work will be commenced on or about _____

To be completed on or about _____

8. Other pertinent information, including additional information required by the Resource Management Agency (RMA).

IF ADDITIONAL SPACE IS REQUIRED FOR FURNISHING ANY OF THE INFORMATION REQUIRED, PUT THE INFORMATION ON A SEPARATE SHEET OF PAPER AND ATTACH IT TO THIS APPLICATION.

The applicant agrees that the aforementioned work is subject to, and will be performed in accordance with all of the provisions of Sections 3-07-1160 to 3-07-1385 of the Ordinance Code of Tulare County. The applicant agrees to hold the County, its officers, agents and employees harmless from any and all causes of action, penalties, liabilities or loss resulting from claims or court actions arising out of any accidents, loss or damage to persons or property occurring as a result of any work performed pursuant to the permit.

The applicant agrees that the County shall not be responsible for any damage to any structure or installation constructed pursuant to a permit which is not clearly or visibly marked by the construction, reconstruction, maintenance or repair or by use of overweight equipment on the highway. The applicant agrees that he, his successors and assigns, upon being notified of such damage by the Resource

Management Agency Director or designee, shall immediately repair, remove or relocate the damaged structure or installation.

9. As required by sections 3-07-1195 to 3-07-1215 of the Ordinance Code of Tulare County, the following insurance policy and bond are furnished covering said work.

BOND (Min. \$5,000 to Max. \$25,000 determined by R.M.A.) (check one) INSURANCE POLICY (check one)

On file with R.M.A.

On file with R.M.A.

Enclosed

Enclosed

Bond Amount \$ _____

10. APPROVAL OF SERVING PUBLIC UTILITY, PUBLIC AGENCY, OR COMMUNITY SERVICES DISTRICT FOR UTILITY, SEWER OR WATER CONNECTIONS:

Name of Serving Utility	Phone number	Signature	Date
<u>CONTRACTOR</u>		<u>APPLICANT (PROPERTY OWNER)</u>	
Company Name _____		Name _____	
Address: _____		Address: _____	
City: _____ Zip Code: _____		City: _____ Zip Code: _____	
Signature: _____		Signature: _____	
Phone No (____) _____		Phone No (____) _____	
Date: _____		Date: _____	
Email: _____		Email: _____	

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Application Received _____	Field Review _____ By _____
Insurance expires _____	Office Check _____ By _____
Bond expires _____	OK for Permit _____ By _____

Returned _____ for _____ correction _____

Notes to be added to Permits _____

APPLICATION FOR ENCROACHMENT PERMIT (CONCRETE WORK)

COUNTY OF TULARE
RESOURCE MANAGEMENT AGENCY
5961 S. MOONEY BLVD.
VISALIA, CA 93277
(559) 624-7000

ANY REQUIREMENTS OR REGULATIONS YOU FEEL UNJUST MAY BE APPEALED TO THE COUNTY BOARD OF SUPERVISORS. THE CONTRACTOR AND APPLICANT UNDERSTAND THAT THIS IS AN APPLICATION ONLY. NOT A PERMIT, NO WORK SHALL START UNTIL A PERMIT IS ISSUED AND ON THE JOB SITE.

The undersigned hereby applies for a permit to allow them to do certain work within the right-of-way of a County Highway. in accordance with sections 3-07-1160 to 3-07-1385 of the Ordinance Code of Tulare County. The necessary information concerning said work is as follows:

1. LOCATION and DESCRIPTION of the proposed work to be done within right-of-way

A. General location described by number or name of highway, and address.

Road _____ From Avenue _____ To Avenue _____
Avenue _____ From Road _____ To Road _____
Other _____ From _____ To _____
Street Address _____ City _____

B. Description of proposed work:

INSTALL: _____ LINEAL FEET OF BARRIER CURB AND GUTTER
(How many) _____ size _____ FEET WIDE DRIVEWAY APPROACH (ES) (How
many) _____ size _____ FEET WIDE DRIVEWAY APPROACH (ES) (How
many) _____ size _____ CURB RETURN AND/OR WHEELCHAIR RAMP

(CHECK ONE)

_____ LINEAL FEET OF _____ FEET WIDE SIDEWALK

Residential

Commercial

2. ATTACH TWO (2) SETS OF PLANS showing the following: The EXACT location of proposed work. The Property Lines of the Parcel, and Size and Location of ALL proposed Driveway Approaches.

3. ASSESSOR'S PARCEL NUMBER (A.P.N.) -----
(Can be found on Tax Statement or by calling the Assessor's Office)

TYPE OF DEVELOPMENT (CHECK ONE): Residential _____ Commercial _____

4. PURPOSE OF THE PROPOSED WORK. (check one)

_____ Required by (parcel map, building permits, etc.,) No. of permit _____
_____ Other _____

5. The proposed work will be commenced on or about _____
To be completed on or about _____

6. Other pertinent information. including additional information required by the Resource Management Agency.

IF ADDITIONAL SPACE IS REQUIRED FOR FURNISHING ANY OF THE INFORMATION REQUIRED, PUT THE INFORMATION ON A SEPARATE SHEET OF PAPER AND ATTACH IT TO THIS APPLICATION.

The applicant agrees that the aforementioned work is subject to, and will be performed in accordance with all of the provisions of sections 3-07-1160 to 3-07-1385 of the Ordinance Code of Tulare County.

The applicant agrees to hold the County, its officers, agents and employees harmless from any and all causes of action, penalties, liabilities or loss resulting from claims or court actions arising out of any accidents, loss or damage to persons or property occurring as a result of any work performed pursuant to the permit.

The applicant agrees that the County shall not be responsible for any damage to any structure or installation constructed pursuant to a permit which is not clearly or visibly marked by the construction, reconstruction, maintenance or repair or by use of overweight equipment on the highway. The applicant agrees that he, his successors and assigns, upon being notified of such damage by the Resource Management Agency Director, shall immediately repair, remove or relocate the damaged structure or installation.

7. As required by sections 3-07-1195 to 3-07-1215 of the Ordinance Code of Tulare County the following insurance policy and bond are furnished covering said work.

BOND (Min. \$5,000 to Max. \$25,000 determined by R.M.A.)(check one)

CERTIFICATE OF INSURANCE

_____ On file with R.M. A.

_____ On file with R.M.A.

_____ Enclosed

_____ Enclosed

Bond Amount \$ _____

CONTRACTOR

APPLICANT (PROPERTY OWNER ONLY)

Print Name: _____

Print Name: _____

Address : _____

Address : _____

City & Zip Code _____

City & Zip Code: _____

Signature _____

Signature : _____

Phone No. _____ Date: _____

Phone No: _____ Date: _____

Email: _____

Email: _____

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Application Received _____

Field Reviewed _____ By _____

Insurance expires _____

Office Check _____ By _____

Bond expires _____

Utility Relocation Needed YES _____ NO _____

Returned for correction _____

If check YES above, attach sketch.

Release _____ Hold _____

STREETS	EXIST. R/W	ADD. R/W	BY	Comments

Deed Prepared and Mailed _____

Deed Returned _____ OK for Permit _____ By _____

RESET THIS PAGE ONLY

8. The proposed work will be commenced on or about _____

To be completed on or about _____

9. Other pertinent information, including additional information required by the Resource Management Agency.

The applicant agrees that the aforementioned work is subject to, and will be performed in accordance with all of the provisions of sections 3-07-1160 to 3-07-1385 of the Ordinance Code of Tulare County.

The applicant agrees to hold the County, its officers, agents and employees harmless from any and all causes of action, penalties, liabilities or loss resulting from claims or court actions arising out of any accidents, loss or damage to persons or property occurring as a result of any work performed pursuant to the permit.

The applicant agrees that the County shall not be responsible for any damage to any structure or installation constructed pursuant to a permit which is not clearly or visibly marked by the construction, reconstruction, maintenance or repair or by use of overweight equipment on the highway. The applicant agrees that he, his successors and assigns, upon being notified of such damage by the Resource Management Agency Director, shall immediately repair, remove or relocate the damaged structure or installation.

10. As required by sections 3-07-1195 to 3-07-1200 of the Ordinance Code of Tulare County, a CURRENT CERTIFICATE OF INSURANCE or letter stating self insured shall be on file.

APPLICANT (UTILITIES/DISTRICTS)

Date: _____ Print Name: _____

Address: _____

City & Zip Code: _____

Contact Email: _____

Job Reference # _____ Signature: _____

Phone No: _____

Permit Return Email: _____

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Application Received _____ Field Reviewed _____ By _____

Insurance expires _____ Office Check _____ By _____

OK for Permit _____ By _____

Returned for correction _____

Notes to be added to Permits _____