

CITY OF LAFAYETTE Encroachment Permit

City of Lafayette Engineering Dept. 3675 Mt. Diablo Blvd., Suite 210 Lafayette, CA 94549 (925) 284-1951

Email: EncPermits@LoveLafayette.org

Date Submitted: (To be completed by Applicant or whoever provides deposit)		Perr	nit No.		
Applicant (Company name, if applicable):		Pho	ne:		
Applicant Address:		Ema	Email:		
Project Location (Exact address or street name):					
Cross street(s)					
Describe fully the nature of work (If necessary, attach additional p					
☐ Improvement plans/sketch attached.	Is the work related to a developm	nent project involving the	Planning Dept.? ☐ Yes ☐ No		
Work to be performed by (Company name, if applicable):		Est. Start Date:	Est. End Date:		
Contractor License No.:	Applicant's Signature:				

INDEMNIFICATION AGREEMENT

As part of this Encroachment Permit, the Applicant and its successors and assigns shall indemnify, defend and hold harmless the City of Lafayette ("City"), its elected officials, officers, employees, agents, representatives, contractors and assigns (collectively, the "Indemnitees") from and against any and all claims, demands, liabilities, judgments, damages (including consequential damages), awards, interest, attorneys' fees, costs and expenses of whatever kind or nature, at any time arising out of or in any way connected with the City's review and/or approval of this Encroachment Permit and/or any actions pursuant to the Encroachment Permit taken by the Applicant. Applicant's obligation to indemnify, defend and hold harmless the Indemnitees under this Encroachment Permit shall apply, regardless of fault, to any acts or omissions, or negligent conduct, whether active or passive, on the part of the Applicant or the Indemnitees, with the exception of the Indemnitees' gross negligence or willful misconduct. Applicant's obligation to defend the Indemnitees under this Encroachment Permit shall be at Applicant's sole expense and using counsel selected or approved by the City at the City's sole discretion.

Applicant's Signature:		Date:	
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PLEASE READ THE FOLLOWING PARAGRAPHS:

The Applicant is hereby given permission to encroach on public right-of-way by performing the work described above in accordance with the conditions below and on Page 2 of this permit.

Applicant is required to contact the City's Engineering Inspection Hotline (925) 299-3277 by 10:00 am two (2) business days prior to the start of construction and again prior to final paving. Work done without an inspection may have to be removed and reconstructed at the permit holder's expense.

Before excavating, Applicant must contact USA at 811 for utility locations, and the City's Public Works Department at (925) 934-3908 for potential irrigation, street light, traffic signal conduit, & traffic loop locations. Excavations in the roadway or sidewalk shall be permanently surfaced within thirty (30) calendar days after backfill is complete, and Applicant shall pay a surcharge for a delay beyond this time. Applicant is solely responsible for maintaining a safe construction site. Applicant is also responsible for the removal of all utility and construction markings at the completion of the project.

The permit is issued under the provisions of the Contra Costa County Code Title 10, as adopted by the City of Lafayette, subject to the following additional conditions, as well as the conditions checked on the back of this form, and the applicant's execution of the indemnification agreement on this form above and incorporated herein by this reference.

This Permit Will Expire Six (6) Months from the Date of Issuance.

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CITY OF LAFAYETTE

Encroachment Permit

PE	RMIT CONDITIONS								
	Provide and maintain enough barricades, I recent version of the State Department of Submit traffic control plan prior to the start	Transportation M	ns, flagmen & other safety lanual of Traffic Controls fo	measures to protect t r Construction & Mair	he public in accorda itenance Work Zon	ance with the most es.			
	Working hours in right-of-way are from		M-F: lane closi	res hours are from	to	M-F			
	Provide inches of AC or match existing					,			
	Provide inches Class II AB backfill, co	• .	•	_					
	Saw cut & replace pavement feet beyon	-		- '	with min inche	s AC. (See dwa #1)			
	Compaction test is required. Test results m	•	·	idiri, iriolddirig troffori	with minit mone	.5710. (000 dwg #1)			
	Replace any striping, marking or markers of			perations					
	Replace asphalt berm or dike damaged or	=	•		ace: 5 feet)				
	Steel trench plate shall be placed over any		•			2·1			
	The portion of the driveway within the City'	=		=					
	Saw cut existing curb & gutter, or sidewalk			imam o mones Aspire	it over o inches co	impacted Olass II AB.			
	Saw cut & replace pavement 18 inches be	=							
	·		• ,						
	When pouring a new curb with a drain outle				- :				
	Provide erosion control measures for the d			, ,	3 ,				
	Street trees are protected under Lafayette	Municipal Code	Chapter 6-17. Perform all v	vork under the superv	ision of a licensed	arborist. Prior to final			
	inspection, provide certification from the ar								
	Applicable Standard Details can be found of		-			-			
	Additional Conditions: Attached ☐ Yes	•	, p						
Ш	Additional Conditions. Attached 🗆 res								
FΕ	<u>ES</u>								
	☐ Initial permit/processing fee: \$	□ Working-	☐ Working-without-permit fee:\$		☐ Est. parking fees (\$27/space/day): \$				
	☐ Other (specify):: \$	□ *Lane clo	sure fees: \$	= *Side\	valk closure fees: \$				
	□ *Pavement surcharge: \$	□ *Addl Ins	pections @ \$165/hour: \$	□ *Addl.	parking fees (\$27/spac	ce/day): \$			
	Total Fees payable at issuance:	\$	□ Paid by Visa / MC /	Discover / Check #					
	Refundable Deposit**:	\$ Paid by Visa / MC / Discover / Check #							
	Est. Additional Inspection Fees:		Paid by Visa / MC / Discover / Check #						
	*To be deducted from Refundable Deposit		•			·			
	**Note to Applicant: To receive any refund of to request a final inspection. Deposits are go	•				e <u>925-299-3277</u>			

Permit Issued by Authorized City Representative: ______ Date: _____

Final Inspection Completed by Authorized City Representative: _______ Date: _____

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