

Department of Public Works

Engineering Division
Phone: (310) 349-2980
Fax: (310) 978-9862

Permit No. 31254

CITY OF HAWTHORNE
ENCROACHMENT AND EXCAVATION PERMIT

PERMITTEE / OWNER

Name _____
Address _____
Phone (____) _____
Fax (____) _____
Cell Phone (____) _____

CONTRACTOR

Name _____
Address _____
24-Hour Emergency Phone (____) _____
Contractor State License No. _____
City Business License No. _____
Insurance Verified Yes _____ No _____

I hereby acknowledge that I have read this application and state that the information given is correct.
This Permit is a temporary privilege to encroach in Public Right of Way to the extent permitted. The City has the right to cancel such permit at any time.
I agree to comply with all applicable City Ordinances and state laws and with the requirements of this permit.

Signature of Permittee or Authorized Agent

X _____ Date _____
Address _____

Location of work (street, limits, or address) _____
City Atlas Map Page _____ Lot # _____

THIS PERMIT FOR:

- ☐ Street Closure ☐ Testing / Monitoring Well
☐ Street Improvement ☐ Sewer
☐ Underground Utility ☐ Overhead Utility
☐ Driveway Approach ☐ Sidewalk
☐ Curb & Gutter ☐ Fiber Optics
☐ Dumpster
☐ Other: _____

Description of Work: _____

☐ Utility Plan Check has been completed for this project
Work Hours in the Public Right-of-Way 9 AM to 3:30 PM
A COPY OF THIS PERMIT SHALL BE MAINTAINED AT THE JOB SITE
THIS PERMIT IS VALID ONLY FOR DATES SHOWN
Starting date _____ Est. date completed _____
Plans attached _____ Dwg. No. _____

OFFICE USE ONLY

Permittee call Engineering Department at (310) 349-2980 for inspections checked below: 24 hours prior to inspection

No Installation / Work Shall Covered Prior Until Inspected by the City Staff		
	DATE	INSPECTOR
<input type="checkbox"/> Continuous	_____	_____
<input type="checkbox"/> Excavation	_____	_____
<input type="checkbox"/> Forms	_____	_____
<input type="checkbox"/> Backfill	_____	_____
<input type="checkbox"/> Pavement	_____	_____
<input type="checkbox"/> Pipe Installation	_____	_____
<input type="checkbox"/> _____	_____	_____
	<input type="checkbox"/> Sewer	<input type="checkbox"/> Electrical
	<input type="checkbox"/> Gas	<input type="checkbox"/> Fuel
<input checked="" type="checkbox"/> Final	_____	_____

SPECIAL REQUIREMENTS

- ☐ One sack slurry cement in all pavement areas is required

☐ Soil Tests Required
☐ Traffic Control Plan Required (M.U.T.C.D.)
☐ Liability Insurance Required
☐ Site / Work shall be approved by an agency representative prior to beginning work.
☐ Preconstruction Meeting is Required
☐ All Trench repair shall be per City Standard
☐ Plans & Specifications shall be submitted to Engineering Division
Additional requirements:

Issued by _____ Date _____
Total Fees _____ CK # _____

DESCRIPTION OF WORK

EXCAVATION:	UNITS	LENGTH	WIDTH	FEE
<input type="checkbox"/> AC pavement	_____	_____	_____	_____
<input type="checkbox"/> PCC pavement	_____	_____	_____	_____
<input type="checkbox"/> PCC sidewalk	_____	_____	_____	_____
<input type="checkbox"/> PCC curb & Gutter	_____	_____	_____	_____
<input type="checkbox"/> Driveway Approach	_____	_____	_____	_____
<input type="checkbox"/> Monitoring Well(s)	_____	_____	_____	_____
<input type="checkbox"/> Parkway	_____	_____	_____	_____
<input type="checkbox"/> Fiber Optics Installation	_____	_____	_____	_____
<input type="checkbox"/> Driveway Removal	_____	_____	_____	_____
<input type="checkbox"/> Traffic Signal Installation	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____
SEWER:				
<input type="checkbox"/> Property line connection	_____	_____	_____	_____
<input type="checkbox"/> Wye in street	_____	_____	_____	_____
<input type="checkbox"/> Saddle in street	_____	_____	_____	_____
<input type="checkbox"/> Manhole	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____	_____
Location	_____	_____	_____	_____
_____ feet _____ of _____ manhole				
_____ feet _____ of _____ manhole				
Depth	_____	_____	_____	_____
_____ feet, at property line				
_____ feet, at property line				

☐ Restoration Bond Required Amount _____
Minimum Bond \$5000.00
Date Posted _____ Date Released _____
Release approved by _____
☐ Cash Restoration Deposit Amount _____
Minimum Cash Deposit \$5000.00
Refund approved by _____
Date _____
Final Inspection MUST be requested and satisfactorily complete prior to any refund or Release of Bond