

CITY OF IONE ENCROACHMENT/GRADING PERMIT FORM

PERMIT #		
Road Name/Property Address: Issue Date: Permit Expiration Date:		
Permit Expiration Date: Amount \$:	-	
PERMIT DEPOSITS: Permit (Admin.) \$ Plan Check: \$: Inspection: \$:		
Check Type of Activity: Annual Agency Permit Utility Undergrounding Driveway, Sidewalk, Curb and/or Gutter Grading (specify amount of cut	TO COMPLETE TH	IIS AREA ONLY
Worksite Address:		
A.P. Number:		
Property Owner or Permittee:		Telephone:
Mailing Address:		
Permittee Name:		
Contractor's Name:		
Contractor's License Number:	Classification:	
Contractor's Mailing Address:		
COLUMN CY D. L. N.	n d	Date
City of Ione Business License No.	Expires:	Date:
Bonding Co Bond #		
Automobile Liability: Insurance Co.		
General Liability: Insurance Co.		
Workers Comp.: Insurance Co	Policy #	Policy Exp.
Permittee agrees to accept all responsibility for loss or and release the City of Ione (City), its agents, volunteer		•

Permittee agrees to accept all responsibility for loss or damage to any person or entity and to indemnify, hold harmless, and defend and release the City of Ione (City), its agents, volunteers and employees from and against any and all liability actions, claims, damages, costs, or expenses including, but not limited to, attorneys' fees and court costs, which may be asserted by any person or entity, including Permittee, arising out of or in connection with the willful act or negligence of Permittee performing the work associated with the Encroachment Permit, whether or not there is concurrent negligence on the part of the City, but excluding liability due to the sole active negligence or sole willful misconduct of the City. The fees associated with this permit are considered a deposit only. The applicant understands that if actual costs for inspections, City administration or legal fees are more than the deposit, the applicant shall pay any additional costs prior to acceptance of the improvements and release of surety. Any unused portions of monies paid shall be refunded to the applicant.

THE UNDERSIGNED AGREES THAT THE WORK WILL BE DONE IN ACCORDANCE WITH AND SUBJECT TO THIS PERMIT'S TERMS AND CONDITIONS, THE CITY STANDARDS, THE STATE VEHICLE CODE, THE STATE STREETS AND HIGHWAYS CODE AND IS SUBJECT TO INSPECTION AND APPROVAL.

Permittee Signature:	Date:
Permittee Name:(please print)	
Engineer concludes persons performing encre	work other than that specifically mentioned below is authorized hereby. Whenever City bachment work are not complying with the provisions of this permit, City Engineer may ditions and restrictions written hereon or attached hereto, permission is hereby granted
Conditions Attached (circle one): YES	NO
Attach:ConditionsSpecial ProvisionsSigning DiagramStandard ConditionsStandard DrawingsTraffic PlansInsurance Verification	
APPROVED: Todd Waklee Public Works Superintendent	Date:

DESCRIPTION AND LOCATION OF WORK

ENCROACHMENT AND/OR GRADING PERMIT

CHECK LIST

PE	RMI	T NUMBER: DATE:									
CO	NTI	RACTOR:									
RO	AD	NAME/ADDRESS: EXPIRES:									
1.		Current City Business License									
2.		Three (3) sets of plans showing the proposed improvements									
3.	☐ Engineer/Contractor estimate for work within the public right-of-way. The estimate shall be based on general prevailing wage rates.										
4.		An insurance certificate for \$1,000,000 general liability and automobile.									
5.		Insurance policy endorsements on City forms – not mandatory									
6.		Proof of Worker's Compensation insurance as required by the State of California									
7.	□ the	Performance bond, letter of credit or cash (min. \$1,000) in the amount of 100% of the work within he right-of-way. The minimum amount of the bond shall be on the City standard form Amount \$									
8		CAL-OSHA trench permit for excavating in excess of five (5) feet in depth, if required.									
9.		Are conditions attached to the permit?									
10.	□	Permit Fee: \$Plan Check Fee \$Inspection Fee \$ TOTAL COMBINED FEES: \$									
II.		Applicant signs Permit and COA's.									
12.		Final Stamped Receipt and copy check/s for file and send email to CCE									
13.		☐ Copy checks and any pertinent paperwork for Finance									
14.		Copy bond/surety check for file, send check to Finance									
15.	Inte	roffice: Need Original and Two (2) copies: Orig. – Our Files Copy 1 – Applicant Copy 2 – Inspector Inspector's copy of									
	permit should have a set of plans if engineer has required plans.										
16.		Final Letter Sent Date									
17.		File Checked and Closed Out Date: By:									
18.	Not	es (if any)									

TO:		
FAX #: ()	DATE:

CITY OF IONE INSURANCE DOCUMENT REQUIREMENTS

All items checked below must be completed in order for the City to accept insurance documents required for the project, permit, or rental property/facility.

	GENERAL LIABILITY INSURANCE	(rated A VII or better)								
NEED										
	Rating of A VII or better by A.M. Best									
	Certificate of Insurance									
	ENDORSEMENT (with all the following)									
	Policy Number									
	Insured's Language (see example below)									
	Primary Insurance Language	(see example below)								
	Cancellation Language	(see example below)								
	Liquor Liability									
	Original, Authorized Signature									
	AUTOMOBILE LIABILITY INSURANCE	(rated A VII or better)								
NEED										
	Rating of A VII or better by A.M. Best									
	Certificate of Insurance									
	ENDORSEMENT (with all the following)									
	Policy Number									
	Insured's Language	(see example below)								
	Primary Insurance Language	(see example below)								
	Cancellation Language	(see example below)								
	Original, Authorized Signature									
	WORKERS COMPENSATION INSURANCE (rated A VII									
NEED										
	Certificate of Insurance									
	ENDORSEMENT (with all the following)									
	Policy Number									
	Wavier of Subrogation Clause (see example below)									
	Cancellation Language	(see example below)								
	Original, Authorized Signature									
	State Compensation Insurance Fund Certificates require									
	Inclusion of endorsements #0015, #	2065 and #2570								

Insured's Language: "The City of Cloverdale, including its officers, officials, employees and volunteers, are insureds."

Primary Language: "The insurance shall be primary as respects the insured shown in the schedule above/attached, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be excess of this insurance and shall not be called upon to contribute with it."

Cancellation Language: "The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the City."

Wavier of Subrogation Clause: "This insurance company agrees to waive all rights of subrogation against the City of Cloverdale, its officials, employees and volunteers for losses paid under the terms of this policy which arise from work performed by the named insured for the City."

PERFORMANCE BOND

WHEREAS,	the	City	of	Ione,	Cou	nty of	Amador, (hereinat	State fter designa	of ated as	Californi s "Princip	,
entered into an as outlined in the hereby referred	ne encroa	chment j	permit	for	E		omplete cer	tain design	ated pu	ublic impr	ovements,
WHEREAS, Sa performance of		-	-						nish a l	bond for th	ne faithful
NOW, THERE	FORE, w	e, the Pr	rincipal	and					, as	s Surety, ar	e held and
firmly bound of	d unto	the	City	of	Ione	(hereinafter		"City"), _dollars (\$	in §	the per	nal sum
lawful money of successors, exe										ourselves,	our heirs,
The condition of successors, or a conditions, and part, to be kept true intent and a stipulated, then As part of the of	nssigns, sl provision and performeaning, this oblig	hall in a ns in the ormed a and sha gation sl	Il things e said ag t the tin Ill inder hall bec	s stand greeme ne and nnify a come n	to and ant and a in the mand save ull and	abide by, and any alteration nanner there harmless C void; otherw	d well and to thereof mann on specified ty, its office ise it shall	ruly keep a ade as there , and in all ers, agents, be and rema	ind peri in prov respect and en ain in f	form the covided, on he according mployees, full force a	covenants, nis or their ng to their as therein and effect.
costs and reasonable expenses and fees, including reasonable attorney's fees, incurred by City in successfully enforcing such obligation, all to be taxed as costs and included in any judgment rendered.											
The Surety hereby stipulates and agrees that no change, extension of time, alteration or addition to the terms of the agreement or to the work to be performed thereunder or the specifications accompanying the same shall in any way affect its obligations on this bond, and it does hereby waive notice of any such change, extension of time, alteration or addition to the terms of the agreement or to the work or to the specifications.											
PRINCIPAL					SURE	ETY					
IN WITNESS	WHERE		instrun 01	nent ha	as been	duly execute	ed by the Pr	rincipal and	l Suret	y above n	amed, on