

Work Order Number:\*

\*This WO is \_\_\_ / is not \_\_\_ open for charges.

Permit Number:

Permit Issuance Date: \_\_\_\_\_

Permit Expiration Date: \_\_\_\_\_

## COUNTY OF ALAMEDA PUBLIC WORKS AGENCY ROADWAY ENCROACHMENT PERMIT

This Permit is issued in accordance with Chapter 12.08 of the Alameda County General Ordinance Code

Name & Address of Property Owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number:

Name & Address of Contractor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number:

Job Site Address:

\_\_\_\_\_  
\_\_\_\_\_

(This statement to be completed by the Agency)

This permit is issued to the owner \_\_\_ / contractor \_\_\_ ;  
if "owner" is checked, he/she is \_\_\_ / is not \_\_\_ exempt  
from the requirement that work in the roadway be  
performed by a licensed contractor.

The Applicant intends to perform the following work scope:

\_\_\_\_\_  
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\_\_\_\_\_

Licensed Contractor Declaration:

I hereby affirm, under penalty of perjury, that I hold the following contractor's license, which is in full force and effect, under the applicable provisions of the State Business and Professions Code.

License Class and No. \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_

Worker's Compensation Insurance Declaration:

I hereby affirm, under penalty of perjury, that I will, during the performance of any and all work authorized by this permit, satisfy the requirements of the State Labor Code with regard to Worker's Compensation Insurance, as declared below:

\_\_\_ I will maintain a certificate of consent to self-insure.

\_\_\_ I will maintain the following insurance policy:

Carrier's Name and Policy No.: \_\_\_\_\_

\_\_\_ I will not employ any person in any manner so as to become subject to the worker's compensation laws of the State.

Owner's/Contractor's Signature: \_\_\_\_\_

All work and/or access shall be performed in accordance with the requirements of Chapter 12.08 and, unless otherwise specified below, shall be fully compliant with each of the terms and conditions of the attached General Provisions:



Bond Information:

BY: \_\_\_\_\_, Alameda County

Insp. Fee \_\_\_ or Deposit \_\_\_:

Work Completed (Date): \_\_\_\_\_

Inspector: \_\_\_\_\_

I certify that the information that I have entered into this permit application is correct, and I agree to comply with all of the terms and conditions and other requirements of the issued Permit.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**THIS PERMIT IS INCOMPLETE WITHOUT THE ATTACHED GENERAL PROVISIONS**

## INSPECTION REQUIREMENTS

- All encroachments authorized by this Permit shall be subject to monitoring, inspection, and/or testing by a County representative; notify the County before you start work by calling the number on the front of this form.
- If the face of this Permit is marked to indicate that the assigned County work order is open for charges, a job account will be opened and the assigned inspectors and other representatives will charge the actual cost of all required tests and inspections against this account. All cost overruns must be resolved prior to closeout of this Permit. Any underruns will be returned to the Permittee as soon as possible following the closeout.

### CAUTION!

Most traffic signals and some streetlights are connected to their power sources with underground wiring. Many signals are also wired to traffic detector loops buried in the roadway. None of these County-owned wiring runs are included in the Underground Service Alert (USA) review and marking processes.

**If you intend to excavate within 500' of a traffic signal, or in proximity to County-owned streetlights, you must contact the County traffic signal maintenance office at**

**→(510) 670 - 5537←**

**at least 48 hours in advance of the start of your planned work.**

**If you cause a signal outage, a streetlight failure, or other damage to County signal or streetlight facilities because you failed to contact the signal office to get the facilities marked, you will be billed for the full cost of our emergency response and repairs.**

