



Department of Public Works
4722 Manhattan Beach Blvd. Lawndale, CA 90260

Submit Application via email to Pw@lawndalecity.org
For questions, please call (310) 973-3260

Encroachment Permit Application Procedure

An Encroachment Permit must be obtained for all proposed activities related to the placement of encroachments within, under, or over public rights of way.

No work shall be performed within the public right-of-way without first obtaining an Encroachment Permit. **All items listed below must be submitted for review which can take up to five (5) business days.**

If you are not the owner of the company requesting the Permit, a letter of authorization is required naming the person authorized to obtain the permit on the company's behalf.

All work within the public right-of-way shall be performed by a state licensed contractor of the proper license class.

Permit shall become null and void if work permitted thereby is performed in violation of any applicable Federal, State or local law, rule or regulation, including this permit guideline.

PLEASE SUBMIT THE REQUIRED DOCUMENTS LISTED BELOW

- ___ Encroachment Permit Application, completed and signed.
- ___ Copy of City of Lawndale Business License.
- ___ One (1) set of plans (11" x 17") or **electronically**, with a detailed description of the scope of work.
- ___ Traffic Control Plan – stamped and signed by Civil Engineer or Registered Traffic Engineer (11" x 17"); **Stamped electronic plan is acceptable.**
- ___ Proof of current insurance for permittee or contractor performing the work. **See attached example.**
 1. Date of Certificate of Insurance must be within 15 days of Encroachment Permit Application submittal.
 2. General Liability of a minimum of \$1,000,000 for each occurrence for all covered losses and no less than \$2,000,000.00 general aggregate.
 - **Required Evidence of Coverage:** a) Certificate of Insurance; and b) Copy of the additional insured endorsement or policy language granting additional insured status. The policy numbers (2a & 2b) must match.
 3. Comprehensive automobile liability insurance in an amount not less than \$1,000,000 per accident, combined single limit. Said policy shall include coverage for owned, non-owned, leased and hired cars.
 4. Worker's Compensation Insurance with statutory limits as required by the Labor Code of the State of California. **(Required if Permittee has employees).**
 5. **Additional Insured:** The City of Lawndale must be included as Additionally Insured on the General Liability policy. This must include the following text: **The City of Lawndale, the City Council and each member thereof, members of boards and commissions, every officer, agent, official, employee and volunteer.**



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ENCROACHMENT PERMIT APPLICATION

Application is hereby made for permission to encroach onto or over the property or right-of-way.

Job Site Address: _____ Today's Date: _____

APPLICANT

Applicant is **(select only one)**: Contractor _____ Property Owner _____ Utility Co. _____ Other _____

Name of Contractor/Property/Utility Owner: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP _____

Phone: _____ Email: _____

CA State License No.: _____ Expiration Date: _____

Lawndale Business License No.: _____ Expiration Date: _____

Emergency Contact Name: _____ Phone _____

TD#/Proj. #/MCU# (For SCE/AT&T/Gas Co. only): _____

CONTRACTOR or UTILITY COMPANY RELATED TO THIS APPLICATION (if different than above)

Name of Contractor: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP _____

Phone: _____ Email: _____

CA State License No.: _____ Expiration Date: _____

Lawndale Business License No.: _____ Expiration Date: _____

Emergency Contact Name: _____ Phone _____



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TD#/Proj. #/MCU# (For SCE/AT&T/Gas Co. only): _____

Scope of Work (detailed description required): _____

1. Proposed Start Date: _____ Proposed Completion Date: _____

2. Is the proposed work related to a small cell wireless facility? _____ Yes _____ No

3. (SCE only) Must notify all affected residents 1 week prior to any scheduled power outage.

- Will this work cause a scheduled power outage? _____ Yes _____ No
- If yes, please provide a map showing all affected residents.

4. Requesting Night Work Approval? (7:00 p.m. – 7:00 a.m.) _____ Yes _____ No

Start Time & Date: _____ End Time & Date: _____

5. LANE CLOSURE (select all that apply): _____ Traffic Lane _____ Parking Lane _____ Full Road Closure

Number of Lanes? _____ Number of Days? _____

6. NO PARKING TOW AWAY signs needed? _____ Yes _____ No If yes, linear feet? _____

- Applies to residential applicants only.
- Contractors are responsible for supplying and posting their own signs.
- If yes, what are the "No Parking" sign limits? _____ to _____

address

address

7. Removal/Replacement (List all that apply w/quantities): _____ SF Pavement _____ SF Parkway

_____ SF Sidewalk _____ LF Curb & Gutter _____ Drive Approach

8. Will ROADWAY STRIPING be affected? _____ Yes _____ No

If yes, provide a detailed description:

Following the issuance of the permit and if a street closure is required, the contractor shall notify and coordinate with the LA County Fire Department at (310) 676-4606 and the L.A. County Sheriff's Department at (310) 219-2750.



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Standard Requirements

- 1) **INSPECTION REQUIRED – TWO (2) WORKING DAYS NOTICE** is required before, during, and after construction. Call 310-901-3039 between 7 AM – 4 PM or email jmartin@lawndalecity.org to **SCHEDULE** an **INSPECTION** (weekends and holidays excluded).
- 2) **TRAFFIC CONTROL** shall be per the Manual of Uniform Traffic Control Devices (MUTCD) or Work Area Traffic Control Handbook (WATCH). Major street lane closures between 9:00 AM – 3:00 PM only, unless specified on front page of Encroachment Permit.
- 3) “No Parking” signs must be posted a minimum of 48 hours in advance.
- 4) Sidewalk/concrete must be removed from scoreline to scoreline with a maximum 2% cross slope.
- 5) Asphalt must be replaced one inch deeper than the existing asphalt removed.
- 6) Any asphalt or concrete remaining outside the trench and T-Cut area that is within 36 inches of curb or gutter requires removal and replacement in addition to T-Cut requirements in #7 below.
- 7) For trench work in residential streets, contractor must grind 12 inches in each direction beyond the trench to form a T-Cut with 2 inches minimum depth. The minimum overall width is 3 feet.
- 8) For trenching or pavement removal on any major arterials/thoroughfares listed below, street resurfacing must be the top 2 inches of the entire traffic lane width for the entire length of work:
 - Artesia Blvd. from Inglewood Ave. to Redondo Beach Blvd.
 - Manhattan Beach Blvd. from Inglewood Ave. to Prairie Ave.
 - Marine Ave. from Inglewood Ave. to Prairie Ave.
 - Rosecrans Ave. from Inglewood Ave. to Prairie Ave.
 - Inglewood Ave. from Artesia Blvd. to Rosecrans Ave.
 - Hawthorne Blvd. from Redondo Beach Blvd. to Rosecrans Ave.
 - Prairie Ave. from Redondo Beach Blvd. to Rosecrans Ave.
- 9) Do not remove any trees without approval of Lawndale Public Works Department (310-973-3260).
- 10) **Contractor will be billed for overtime inspection services.** OVERTIME REQUESTS must be submitted for approval 24 hours in advance.
- 11) Construction site **CLEANUP** and **USA MARKINGS** removal must be completed prior to finalizing of this permit.
- 12) Any street striping, crosswalk, raised reflective pavement marker or pavement markings damaged by this construction shall be replaced to the satisfaction of the Lawndale Public Works Department (310-973-3260).
- 13) **THIS PERMIT WILL BE REVOKED** if any pollutant is released into or allowed to remain in any component of the City drainage system.
- 14) Trench backfill and pavement repairs shall be made per the most current version of the Standard Specifications for Public Works Construction “Greenbook” or to the satisfaction of the Public Works Inspector.
- 15) Any public irrigation system components damaged by this construction shall be replaced to the satisfaction of Public Works.
- 16) All survey monuments in the project area **MUST** be located and tied out and a Corner Record filed prior to the start of construction. Also, all destroyed monuments must be replaced prior to receiving final inspection.
- 17) The City of Lawndale is held harmless from the results of any action or accidents caused by the permittee, their employees, or equipment in the performance of the work described or covered in this permit. Validation of this permit **SHALL NOT** be held to permit or to be an approval of the violation of any applicable provision of the City Code covering this work, or any other provisions of the City of Lawndale Code.
- 18) See additional conditions attached to this permit.



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Contractor License Requirements

Curb/Gutter.....A (General Engineering)
C8 (Concrete Contractor)

Driveways.....A (General Engineering)
C8 (Concrete Contractor)

Sidewalks.....A (General Engineering)
B (General Building)
C8 (Concrete Contractor)

Street/Alley.....A (General Engineering)
C8 (Concrete Paving)
C12 (Earth & Paving Contractor)

U/G Utilities.....A (General Engineering)
(Water, Gas or Oil).....C34 (Pipeline Contractor)

U/G Electrical.....A (General Engineering)
C8 (Concrete Contractor)
C12 (Earth & Paving Contractor)



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CERTIFICATE OF LIABILITY INSURANCE

1 DATE (MM/DD/YYYY)
10/16/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:KKVCWGVJ

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM 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 IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Excess of SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		XSL G48900896	11/01/2023	11/01/2024	EACH OCCURRENCE \$ 2 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Excess of SIR		XSA H10820224	11/01/2023	11/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 3 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WLR C55513818 WCU C55513983 (Excess, Statutory Limit)	11/01/2023	11/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 4 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Lawndale, the City Council and each member thereof, members of boards and commissions, every officer, agent, official, employee and volunteer are named as an Additional Insured as respects the ongoing operations of the Named Insured with respects to General Liability and Automobile Liability where required by written and signed contract subject to policy terms, conditions, limits and exclusions.

5 plus include naming the City of Lawndale as additional insured on the endorsement page

NOV 01 2023

CERTIFICATE HOLDER

CANCELLATION

Public Works Department

CITY OF LAWDALE
14717 BURIN AVE
LAWDALE, CA 90260

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]



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ATTACHMENT "B"

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
The City of Lawndale, the City Council and each member thereof, members of boards and commissions, every officer, agent, official, employee 5 and volunteer.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.