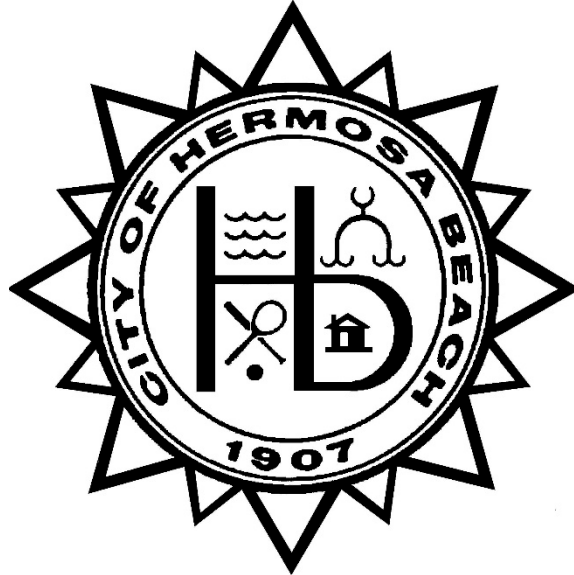


City of Hermosa Beach

Public Right of Way Application Packet



Contents

- Permit Application
- ROW Permit fees – effective Dec. 1, 2022
- Certificate of Insurance sample
- Street & Lane Closure forms

Please submit applications to: mby@hermosabeach.gov

For more information, email mby@hermosabeach.gov or call (310) 318-0214

ROW PERMIT APPLICATION CHECKLIST

When submitting your application, please include all required documents.

**PERMITS WILL NOT BE PROCESSED UNTIL A COMPLETE APPLICATION WITH ALL
REQUIRED DOCUMENTS IS RECEIVED**

Proof of State Contractor's License *

- City Business License** (required for ALL permits except Moving Van permits)
- Proof of Commercial Liability Insurance** (required for ALL permits - see example pg. 6)
- Traffic Control Plans** (required for Utility permits OR if a street or lane closure is needed)
- Work Area Plans** (required for Utility permits)
- Completed Permit Application**

* [Learn more about Contractor License Descriptions and Requirements](#)

Please note, your application will not be considered until all necessary forms are completed and all request documents are received. In order to ensure the requested permit is issued when requested, please submit the ROW Permit Application a minimum of 1-2 weeks prior to your work commencement.

All transactions are final. Refunds will not be issued.



<p align="center">INSPECTION REQUIRED</p> <p align="center">Go Hermosa! App FOR INSPECTION APPOINTMENT REQUESTS FOR INSPECTION MUST BE MADE NO LATER THAN NOON THE PRECEDING DAY. MONDAY INSPECTIONS MUST BE RECEIVED BY NOON THURSDAY</p>		<p>The hard copy of the issued permit must be kept on the job site at all times to be shown to any authorized agent of the City upon request.</p>	
<p>JOB LOCATION:</p> <hr/> <p>OWNER:</p> <hr/> <p>OWNER'S ADDRESS:</p> <hr/> <p>CITY/ZIP: _____ PHONE: _____</p>		<p>CONTRACTOR:</p> <hr/> <p>ADDRESS:</p> <hr/> <p>CITY/ZIP: _____ PHONE: _____</p> <p>CITY LICENSE NO: _____ STATE LICENSE NO: _____</p>	
<p>SCOPE OF WORK (Please Describe Thoroughly):</p> <hr/> <hr/>		<p>24-HR EMERGENCY PHONE #: _____</p> <p>REQUESTED START DATE: _____</p> <p>ADDITIONAL NOTES: _____</p>	

Select the type of Permit you are applying for (Check a box below)
Please note: If you check multiple permit types, you will be charged for each permit type selected

<p>A. STREET EXCAVATION PERMIT</p> <p><input type="checkbox"/> CURB & GUTTER</p> <p><input type="checkbox"/> SIDEWALK</p> <p><input type="checkbox"/> DRIVEWAY</p> <p><input type="checkbox"/> SEWER DEMO (CAP)</p> <p><input type="checkbox"/> SEWER LATERAL CONNECTION</p> <p><input type="checkbox"/> UTILITY SERVICE CONNECTION</p> <p><input type="checkbox"/> STREET PAVEMENT</p> <p>Permit valid 180 days from issuance</p>	<p>B. MISCELLANEOUS USE PERMIT</p> <p><input type="checkbox"/> STREET/LANE CLOSURE</p> <p><input type="checkbox"/> TEMPORARY FENCE</p> <p><input type="checkbox"/> SCAFFOLDING</p> <p><input type="checkbox"/> ROLL-OFF BIN</p> <p><input type="checkbox"/> DUMPSTER</p> <p><input type="checkbox"/> POD</p> <p><input type="checkbox"/> STAGING</p> <p>Permit valid 14 days from issuance</p>	<p>C. MISCELLANEOUS USE PERMIT</p> <p><input type="checkbox"/> MATERIAL STORAGE/DROP-OFF</p> <p><input type="checkbox"/> CRANE</p> <p><input type="checkbox"/> CONCRETE TRUCK</p> <p><input type="checkbox"/> MOVING VAN</p> <p>Permit valid 1 day from issuance</p> <p>D. PARKING METERS NEEDED: _____</p> <p>E. ADDITIONAL DAYS NEEDED: _____</p>
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FOR YOUR APPLICATION TO BE CONSIDERED, ALL REQUESTED INFORMATION MUST BE PROVIDED

<p><u>A. STREET EXCAVATION PERMIT</u></p> <p><u>REQUIRED DOCUMENTS</u></p> <p>CERTIFICATE OF INSURANCE (see sample)</p> <p>COPY OF CONTRACTOR LICENSE</p> <p>TRAFFIC CONTROL PLANS</p> <p>WORK AREA PLANS</p>	<p><u>B. MISC. USE PERMIT 14 DAYS</u></p> <p><u>REQUIRED DOCUMENTS</u></p> <p>CERTIFICATE OF INSURANCE (see sample)</p> <p>COPY OF CONTRACTOR LICENSE</p> <p>TRAFFIC CONTROL PLANS</p>	<p><u>C. MISC. USE PERMIT 1 DAY</u></p> <p><u>REQUIRED DOCUMENTS</u></p> <p>CERTIFICATE OF INSURANCE (see sample)</p> <p>COPY OF CONTRACTOR LICENSE</p> <p>TRAFFIC CONTROL PLANS</p>
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PROTECT OUR OCEAN QUALITY

Best Management Practices are required to protect water quality. No construction debris and/or pollutants are to leave the site and enter the storm drain system. This includes sediment, trash, oil, grease, concrete saw-cutting slurry, wash water from painting, stucco or concrete clean up. Violations are subject to work stoppage (Municipal Code Sections 8.44 & 1.12.01).

Validation of this permit SHALL NOT be held to permit or to be an approval of the violation of any applicable provisions of the Hermosa Beach City Code and the City is held harmless from the action or accidents caused by the permittee, his employees or equipment in the performance of the work described or covered in this permit.

I hereby acknowledge that I have read this application packet and the information given is correct. I agree to comply with all applicable City Ordinances, State Laws and the requirements of this permit.

SIGNED:

Contractor: _____

Property Owner

OR

Authorized Agent: _____

PUBLIC WORKS MASTER FEE SCHEDULE (EFFECTIVE DECEMBER 1, 2021)

Note: All transactions are subject to a 2.75% credit card processing fee on the amount charged.

A 7% Technology Fee is now applicable to most Public Works permits, please see below to determine which permits will be added this fee.

REF#	PERMIT TYPE	TRAN #	ACCT#	FEE	7% TECH FEE	TOTAL WITH TECH FEE	TOTAL WITH CREDIT CARD FEE	NOTES
S-069	Non Utility - Street Right of Way Improvement Permit	5090	001-3831	\$761	\$53.27	\$814.27	\$836.66	Valid for 180 calendar days
S-070	Utility Company - Trench Service Connect Permit	5075	001-3816	\$636(0-25 Linear ft.); \$1,114(25-100 lin. ft.) 100+ Linear feet: \$266/ea. add'l 150lin.ft. Over 1,000 lin.ft.: Actual Costs Utility Infrastructure Work - Actual Costs	\$44.52 (0-25 Linear ft.); \$77.98 (25-100 lin. ft.) 100+ Linear feet: Varies, 7% of total fee. Over 1,000 lin.ft.: Varies, 7% of total fee. Utility Infrastructure Work: Varies, 7% of total fee	\$680.52 (0-25 linear ft) \$1,191.98 (25-100 linear ft)	\$699.23(0-25 linear ft) \$1,224.76(25-100 linear ft)	Valid for 180 calendar days
S-071	Sewer Lateral	5095	160-3832	\$675	\$47.25	\$722.25	\$742.11	Valid for 180 calendar days
S-072	Sewer Demolition (Sewer Cap)	5085	160-3829	\$152	\$10.64	\$162.64	\$167.11	Valid for 180 calendar days
S-073	Material Storage / Drop-Off	5077	001-3815	\$251	\$17.57	\$268.57	\$275.96	PLUS: \$16 per meter per day if applicable; Permit valid for ONE day.
S-074	Staging	5070	001-3815	\$251	\$17.57	\$268.57	\$275.96	PLUS: \$16 per meter per day if applicable; Permit valid for up to 14 days.
S-075	Crane, Moving Vans, Concrete Truck	5070	001-3815	\$251	\$17.57	\$268.57	\$275.96	PLUS: \$16 per meter per day if applicable Permit valid for ONE day
S-076	Scaffolding	5070	001-3815	\$326 per permit, plus \$24 per day after 14 days	Varies, 7% of total fee	\$348.82 + \$25.68 per additional day after 14 days	\$358.41 + \$26.39 per additional day after 14 days	Permit valid for 14 calendar days unless additional days are purchased.
S-077	Temporary Fence	5070	001-3815	\$251 per permit, plus \$16 per day after 14 days	Varies, 7% of total fee	\$268.57 + \$17.12 per additional day after 14 days	\$275.96 + \$17.59 per additional day after 14 days	Permit valid for 14 calendar days unless additional days are purchased.
S-079	Dumpster, PODS, ROLL OFF BIN	5052	001-3815	\$176	\$12.32	\$188.32	\$193.50	PLUS: \$16 per meter per day if applicable; Permit valid for 14 calendar days
	Meter Parking	5020	001-3842	\$16	Not applicable		\$16.44	Per meter, per day

Please note: all credit card transactions are subject to a 2.75% processing fee. See "TOTAL WITH CREDIT CARD FEE" column for price total with fee included.

Please submit all permit applications to: mby@hermosabeach.gov

Questions: call (310) 318-0214 or email mby@hermosabeach.gov

All transactions are final. Refunds will not be issued.



SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

xx/xx/xxxx

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 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 Name and Address of Insurance Company	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: xxxxxxxxxxxxxxxx</td> </tr> <tr> <td>PHONE (A/C, No, Ext): xxxxxxxxxxxxxxxx</td> <td>FAX (A/C, No): (xxx)-xxx-xxxx</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: xxxxxxxxxxxxxxxx</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: xxxxxxxxxxxxxxxxxxxxxxxx</td> <td>NAIC # xxxxx</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: xxxxxxxxxxxxxxxx		PHONE (A/C, No, Ext): xxxxxxxxxxxxxxxx	FAX (A/C, No): (xxx)-xxx-xxxx	E-MAIL ADDRESS: xxxxxxxxxxxxxxxx		INSURER(S) AFFORDING COVERAGE		INSURER A: xxxxxxxxxxxxxxxxxxxxxxxx	NAIC # xxxxx	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME: xxxxxxxxxxxxxxxx																					
PHONE (A/C, No, Ext): xxxxxxxxxxxxxxxx	FAX (A/C, No): (xxx)-xxx-xxxx																				
E-MAIL ADDRESS: xxxxxxxxxxxxxxxx																					
INSURER(S) AFFORDING COVERAGE																					
INSURER A: xxxxxxxxxxxxxxxxxxxxxxxx	NAIC # xxxxx																				
INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Your Company Name and Address																					

COVERAGES**CERTIFICATE NUMBER:****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.

INSUR LTR	TYPE OF INSURANCE	ADDL INSR	SUOH WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC		X	xxxxxxxxxxxxxxxx	xx/xx/xx	xx/xx/xx	EACH OCCURRENCE \$ 2,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	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	N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is named as Additional Insured per the attached Endorsement.

CERTIFICATE HOLDER**CANCELLATION**

City of Hermosa Beach 1315 Valley Drive Hermosa Beach, CA 90254	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 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
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NOTICE OF STREET CLOSURE

DATE: _____

CONTRACTOR INFORMATION:

DEAR NEIGHBOR:

Please be advised that your street _____ from _____ to _____ will be closed to through traffic between the hours of _____ AM and _____ PM, commencing on ___/___/___ and completing work on or about ___/___/___.

Check which option below applies:

- () You will have access to and from your residence.
- () You will not have access to and from your home during these time periods.

Address of Jobsite: _____

Type of work to be performed: _____

We will make every effort to minimize the impact to all residents.

If you have any questions or concerns, please contact us by phone at the number(s) listed below:

<u>NAME</u>	<u>PHONE</u>
_____	_____
_____	_____

Approved by Public Works: _____ Date: _____

NOTICE OF LANE CLOSURE

DATE: _____

CONTRACTOR INFORMATION:

DEAR NEIGHBOR:

Please be advised that your street _____ from _____ to _____ will be closed to through traffic between the hours of _____ AM and _____ PM, commencing on ___/___/___ and completing work on or about ___/___/___.

Check which option below applies:

- () You will have access to and from your residence.
- () You will not have access to and from your home during these time periods.

Address of Jobsite: _____

Type of work to be performed: _____

We will make every effort to minimize the impact to all residents.

If you have any questions or concerns, please contact us by phone at the number(s) listed below:

<u>NAME</u>	<u>PHONE</u>
_____	_____
_____	_____

Approved by Public Works: _____ Date: _____