

City of Hermosa Beach

Public Right of Way Application Packet



Contents

- Permit Application
- ROW Permit fees – per Master Fee Schedule
- 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> <hr/>		<p>CONTRACTOR:</p> <hr/> <p>ADDRESS:</p> <hr/> <p>CITY/ZIP: PHONE:</p> <hr/> <p>CITY LICENSE NO: STATE LICENSE NO:</p> <hr/>	
<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: _____	<input type="checkbox"/> Property Owner OR <input type="checkbox"/> Authorized Agent: _____
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SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

NAME AND ADDRESS OF INSURANCE COMPANY	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
YOUR COMPANY NAME AND ADDRESS	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1281557956

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X		4/1/2022	4/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 10,000						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				X PER-STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER IS NAMED AS ADDITIONALLY INSURED PER 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

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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: _____