

200 S. ANAHEIM BLVD.
STE 276
ANAHEIM, CA 92805

DEVELOPMENT SERVICES
RIGHT OF WAY CONSTRUCTION APPLICATION

P: (714) 765-5176
F: (714) 765-5225
PWPermits@Anaheim.net

Applications are accepted in person Monday – Friday 7:30AM – 4:00PM

START DATE: _____ END DATE: _____ CLIENT W/O # _____ DATE OF APPLICATION: _____

PROJECT ADDRESS: _____
(Number) (Direction) (Street Name) (Unit)

DESCRIPTION OF WORK: _____

ASSOCIATED PERMITS: _____

Work Will Require Closure of the Following (Check All that Apply):

- Bus stop Sidewalk / Parkway Shoulder / parking Lane Intersection
- Median Travel Lanes, Including Turning Lanes (Partial Street Closure) Whole Roadway (Full Street Closure)

Location :

| Name of Street: | From: | To: | Start Date: | End Date: |
|-----------------|-------|-------|-------------|-----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

WORK TO BE PERFORMED

- Backflow / R.P. Devis Drainage Connections Parkway Drain Sidewalk Water Main
- Boring Drive Approach Parkway Landscaping Street Light Water Service
- Communication Dry Utility Trench Pavement Replacement Signing / Striping Grade Separation
- Curb and Gutter Fence in Right-of-Way Sewer Lateral Storm Drain Other
- Curb Core Monitoring Manhole Sewer Main Storm Water Quality Device

APPLICANT: Contractor Other

Company: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

State Lic. No: _____ Exp. Date: _____

Business License No. _____

ENGINEER:

Company: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

State Lic. No: _____ Exp. Date: _____

Business License No. _____

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| | |
|---|--|
| PROPERTY OWNER / DEVELOPER: Name: _____ Mailing Address: _____ City /State/ Zip: _____ Phone Number: _____ Email: _____ | CONTACT PERSON: Name: _____ Phone Number: _____ Email: _____ Company: _____ |
|---|--|

NOTIFICATION:

- 1) Contractor must hold a General-A type license with the State of California and Maintain a Valid City of Anaheim business license for permit issuance.
- 2) Upon permit issuance proof of General Liability Insurance will be required. A minimum \$1,000,000.00 coverage listing the certificate holder as follows is required.
*City of Anaheim
Department of Public Works
200 S. Anaheim Blvd STE 276
Anaheim, CA 92805*
- 3) Homeowners may perform their own work for residential sidewalk, driveway approaches and curb drains.
- 4) If you are providing any service such as an Architect, Engineer, Designer, Handyman, Contractor or any other type of business within the City of Anaheim, you are required to have a valid and active City business license per City of Anaheim Municipal Codes; A.M.C. 3.04.010 and A.M.C. 3.04.050. For further assistance please contact the Business License Division at (714) 765-5194

IMPORTANT:

I Agree to comply with the Rules and Regulations adopted by the Director of Public Works, all provisions of the City Ordinances, Resolutions, Standards and Specifications currently in force, copies of which are available from the Engineering Representative at 200 South Anaheim Boulevard, Anaheim. I agree to have forms and subgrades inspected and approved prior to placing concrete, base, or asphalt concrete. I agree to pay for removal or proper replacement of any items installed under this permit which do not comply with the above. By signing and accepting this Permit, the Permittee states that the following divisions and agencies will be notified at least 48 hours prior to start of any work.

- | | | | |
|--|----------------|---|--------------|
| <input type="checkbox"/> Public Works Field Inspection | 714-765-5126 | <input type="checkbox"/> City Water Utilities: | 714-765-4224 |
| <input type="checkbox"/> Underground Service Alert | 1-800-422-4133 | <input type="checkbox"/> City Electrical Utilities: | 714-765-6843 |

Permit Approved for the City Engineer:

BY: _____

| | |
|--|-------|
| Applicant or Authorized Agent (Required): | |
| X _____ | _____ |
| | Date |
| Print Name: _____ | |

| | | | |
|-------------------------------------|--|---|---|
| OFFICE USE ONLY: | RCP No. : _____ - _____ | DTF No: _____ | |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> No Excavation | <input type="checkbox"/> Per Traffic Control Plan | <input type="checkbox"/> Per Watch Manual |