Encroachment Permit Requirements

The use of an Encroachment Permit is required when any person deposits or maintains in or upon any public street, parkway, sidewalk, alley, park, or other public land, such as:

1. Moving container, Temporary fencing, Protective canopy, Building material, Dumpster or roll-off
2. Equipment in connection with any building or other work upon adjacent private property.

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 permit review which can take up to three (3) days.**

**REQUIRED DOCUMENTS AT TIME OF APPLICATION**

___ Encroachment Permit application, completed and signed
___ Two (2) sets of plans (24 x 36) with a detailed description of the scope of work.
___ Traffic Control Plan – stamped and signed by Civil Engineer or Registered Traffic Engineer.
___ Insurance Certificates as identified below
___ Proof of current insurance for permittee or contractor doing the work. The City of Lawndale must be included as additionally insured on the 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**

- 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.

- 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.

- Worker’s Compensation Insurance Policy.

- 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.
ENCROACHMENT PERMIT APPLICATION

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

Today’s Date: ______________________

Job Site Address: ________________________________________________________________

APPLICANT

Name: ________________________________________________________________

- Applicant is (check only one) Tenant_____ Owner____ Other____________________

Name of Property Owner: ______________________________________________________

Address: ______________________________________________________________________

Email: ______________________________________________________________________

Applicant Business License No. if applicable: ________________________________

Emergency Contact Name: ___________________________ Phone__________________

UTILITY COMPANY RELATED TO THIS APPLICATION (if applicable)

Company: ___________________________________________________________________

Address: ___________________________________________________________________

City: ___________________________ State: __________ ZIP________________________

Phone: _________________________ Email: _________________________________

CONTRACTOR

Name: _____________________________________________________________________

Company: __________________________________________________________________

Address: __________________________________________________________________
Department of Public Works
4722 Manhattan Beach Blvd. Lawndale, CA 90260
Permit Counter Hours
7:00 – 8:30 am & 3:30 - 5:00 pm; Closed on Fridays
(310) 973-3260

City: __________________________  State: ___________  ZIP_________________________

Phone: _________________________  Email: ________________________________

CA State License No.: ________________________________

Lawndale Business License No.: ________________________________

Emergency Contact Name: ____________________________ Phone____________________

**Scope of Work** (detailed description required)

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

1. Estimated Start Date: ________________  Estimated End Date____________________

2. Is this work related to a wireless facility?  ____ Yes  ____ No

3. **(SCE only)** TD#: __________________________________________________________

4. **(SCE only)** Will this work cause a scheduled power outage?  ____ Yes  ____ No
If yes, were affected residents notified?  ____ Yes  ____ No  If no, when will they be notified?

5. Will work occur during the night hours? (7:00 p.m. – 7:00 a.m.)  ____ Yes  ____ No
If yes, what is the start time ________________ and end time ________________
Please justify the need to work during the night ______________________________________

6. **TRAFFIC LANE** to be closed?  ____ Yes  ____ No
If yes, how many lanes:______________ How many days?______________

7. PARKING LANE to be closed? _____Yes _____No

If yes, how many lanes:______________ How many days?______________

8. NO PARKING TOW AWAY signs needed? _____Yes _____No If yes, linear feet?_________

If yes, what are the “No Parking” sign limits?________________________ to ____________________________

address address

9. STREET to be closed? _____Yes _____No If yes, provide number of days __________

10. Will the work require the Concrete to be Removed or Replaced? _______Yes _______No

   Sidewalk _____Yes _____No Drive Approach _____Yes _____No

If yes, provide square feet of concrete:______________________________

11. Will work be performed within the Parkway? ____Yes ____No

If yes, provide amount of square feet affected:______________

12. Will work involve PAVEMENT CUT? _______Yes _______No

If yes, provide amount of square feet affected:________________________

13. 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.