



City of Patterson
 1 PLAZA
 PO Box 667
 Patterson, CA 95363
 (209) 895-8030 Fax (209) 895-8039

Office Use Only

Application Date: _____

Customer # _____

PERMIT # _____

WMP to P.W. _____

Enchroachment Permit: _____

APPLICATION FOR SWIMMING POOL

Project Valuation: \$ _____

Building Type: Residential Commercial

Pool Description: _____

Heater: _____ Spa: _____ Electrical: _____ Decking: _____ Inground: _____ Above ground: _____

Address of Work: _____ Patterson, CA 95363

Is Property in a SFHA (Special Flood Hazard Area)? _____

Owner: _____ APN: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Email: _____

Primary Contractor: _____ Phone: _____

Address: _____ Contractor Lic #: _____ Local Lic# _____

City: _____ Zip: _____ Email: _____

Applicant: _____ Date: _____

Applicant Address: _____ Phone: _____

Project Contact Person: _____ Phone: _____

Fax: _____ Print Name and Title
 Email: _____

PLEASE REVIEW THE FOLLOWING ITEMS PRIOR TO SUBMITTING APPLICATION

1. **Residential Projects:** 4 sets of plans & 2 sets of all supporting documents (i.e. Structural Calcs, Energy Calcs, Truss Calcs, etc) are required.
2. **Commercial Projects:** 4 sets of plans, 3 sets for Structural Calcs, and 2 sets of all other supporting documents (i.e. Energy Calcs, truss Calcs, etc.) are required.
3. A plan check deposit maybe required with this application.
4. This application, in which no permit is issued, will expire in 6 months from today's (submittal) date.
5. If this building is intended to be licensed by Dept of Health Services (i.e. OSHPD3), you are required to submit concurrently to OSHPD for their review and approval.
6. No inspection will be performed prior to issuance of the Building Permit.

APPLICANT SIGNATURE

DATE

LICENSED CONTRACTOR DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lender agency information are true and correct.

Signed _____ Dated _____
Print Name of Signer _____
License# _____ License Class _____

WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy# _____ Company _____
 Certified copy is hereby furnished
 Certified copy is filled with the building inspection department of the City of Patterson
Applicant Signature _____ Dated _____

OWNER- BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of the Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

- A. I am the owner of the above property and I will contract to have all of the work performed by licensed contractors.
- B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".
- C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature _____ Dated _____
Print Name of Signer _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Applicant Signature _____ Dated _____

NOTICE TO APPLICANT: If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C).

Lender's Name _____
Lender's Address _____

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Applicant or Agent Signature _____ Date: _____

Swimming Pool Barrier Requirements

The requirements listed below are for permits issued after January 1, 2018 for new swimming pools, pool repairs, or pool alterations located at a single-family home.

When a building permit is issued for the construction of a new swimming pool or spa or the remodeling of an existing swimming pool or spa at a private single-family home, the respective swimming pool or spa, (except as provided in H&S Section 115925), shall be enclosed by perimeter fencing per CBC section 3109.4, **AND** shall be equipped with at least **TWO** of the following seven drowning prevention safety features:

1. An enclosure that meets the requirements of H&S Section 115923 / CBC 3109.4.4.3 and **isolates** the swimming pool or spa from the private single-family home.
2. Removable mesh fencing that meets American Society for Testing and Materials (ASTM) Specifications F2286 standards in conjunction with a gate that is self-closing and self-latching and can accommodate a key lockable device.
3. An approved safety pool cover, as defined in subdivision (d) of H&S Section 115921.
4. Exit alarms on the private single-family home's doors that provide direct access to the swimming pool or spa. The exit alarm may cause either an alarm noise or a verbal warning, such as a repeating notification that "the door to the pool is open."
5. A self-closing, self-latching device with a release mechanism placed no lower than 54 inches above the floor on the private single-family home's doors providing direct access to the swimming pool or spa.
6. An alarm that, when placed in a swimming pool or spa, will sound upon detection of accidental or unauthorized entrance into the water. The alarm shall meet and be independently certified to the ASTM Standard F2208 "Standard Safety Specification for Residential Pool Alarms," which includes surface motion, pressure, sonar, laser, and infrared type alarms. *A swimming protection alarm feature designed for individual use, including an alarm attached to a child that sounds when the child exceeds a certain distance or becomes submerged in water, is not a qualifying drowning prevention safety feature.*
7. Other means of protection, if the degree of protection afforded is equal to or greater than that afforded by any of the features set forth above and has been independently verified by an approved testing laboratory as meeting standards for those features established by the ASTM or the American Society of Mechanical Engineers (ASME).

Before the issuance of a final approval for the completion of permitted construction or remodeling work, the local building code official shall inspect the drowning safety prevention features required by this section and, if no violations are found, shall give final approval.

General Information- "Swimming pool" or "pool" means any structure intended for swimming or recreational bathing that contains water over 18 inches deep. "Swimming pool" includes in ground and above ground structures and includes, but not limited to, hot tubs, spas, portable spas, and non-portable wading pools.

Swimming Pool Barrier Acknowledgement Form

Permit Number: _____ Project Address: _____

I (We) acknowledge that a new swimming pool or spa or the remodeling of an existing swimming pool or spa at a private single-family home, the respective swimming pool or spa, (except as provided in H&S Section 115925), shall be enclosed by perimeter fencing per CBC section 3109.4, **AND** shall be equipped with at least **TWO** of the following seven drowning prevention safety features:

PLEASE INITIAL TWO OF THE FOLLOWING:

1. _____ An enclosure that meets the requirements of H&S Section 115923 / CBC 3109.4.4.3 and **isolates** the swimming pool or spa from the private single-family home.
2. _____ Removable mesh fencing that meets American Society for Testing and Materials (ASTM) Specifications F2286 standards in conjunction with a gate that is self-closing and self-latching and can accommodate a key lockable device.
3. _____ An approved safety pool cover, as defined in subdivision (d) of H&S Section 115921.
4. _____ Exit alarms on the private single-family home's doors that provide direct access to the swimming pool or spa. The exit alarm may cause either an alarm noise or a verbal warning, such as a repeating notification that "the door to the pool is open."
5. _____ A self-closing, self-latching device with a release mechanism placed no lower than 54 inches above the floor on the private single-family home's doors providing direct access to the swimming pool or spa.
6. _____ An alarm that, when placed in a swimming pool or spa, will sound upon detection of accidental or unauthorized entrance into the water. The alarm shall meet and be independently certified to the ASTM Standard F2208 "Standard Safety Specification for Residential Pool Alarms," which includes surface motion, pressure, sonar, laser, and infrared type alarms. *A swimming protection alarm feature designed for individual use, including an alarm attached to a child that sounds when the child exceeds a certain distance or becomes submerged in water, is not a qualifying drowning prevention safety feature.*
7. _____ Other means of protection, if the degree of protection afforded is equal to or greater than that afforded by any of the features set forth above and has been independently verified by an approved testing laboratory as meeting standards for those features established by the ASTM or the American Society of Mechanical Engineers (ASME). **Provide type of protection with form.**

I understand that not having two of the above initialed drowning prevention safety features installed at the time of the Pre-Plaster inspection will constitute a violation of **California Health and Safety Code - The Swimming Pool Safety Act [115920 - 115929]**.

Acknowledgement:

_____ Contractor Signature	_____ Date	_____ Owner Signature	_____ Date
_____ Contractor Name (Please Print)		_____ Owner Name (Please Print)	



City of Patterson

Public Works Department
 Storm Water Management Program
 1 Plaza, 2nd Floor
 P.O. Box 667
 Patterson, California 95363
 Phone (209) 895-8064

Erosion and Sediment Control Plan (ESCP)

Worksheet for Small Construction Projects (Disturbing Soil + Plan Check/Permit)

What is this document for?

The City's Phase II MS4 NPDES General Permit issued by the State Water Board requires the City to develop and maintain a program to assure that sediment and other pollutants from construction activities do not flow into the City's storm water drainage system and, subsequently, impact local receiving waters. The City's Permit requires the City to require the owner of any construction project having soil disturbance to submit an Erosion and Sediment Control Plan (ESCP). The ESCP must identify potential sources of erosion and sedimentation associated with the project and identify the control measures (best management practices or BMPs) used to prevent erosion and control sedimentation within the project. This document is a worksheet to assist owners of small projects to determine appropriate control measures for their project.

Who is required to complete this document?

All construction projects that have soil disturbance and pass through plan check or the City's permitting process must develop an ESCP. Projects having more than one (1) acre of soil disturbance or those projects that are part of a larger common plan may be required to comply with the State Water Board's Construction General Permit (CGP), which requires the development of a Storm Water Pollution Prevention Plan (SWPPP). For these larger projects, the CGP-required SWPPP may be submitted in lieu of the ESCP. For all other projects (small projects) having less than one (1) acre of soil disturbance or those that qualify for a waiver or exemption from the CGP, must submit an ESCP using this worksheet.

What is required in this document?

This worksheet requires basic project and contact information, as well as, basic site information including location, status, approximate start and end dates and the area of soil disturbance.

The Best Management Practices (BMPs) that will be used during construction are also required to be identified.

A basic site map showing the project boundaries, adjacent streets, storm drain inlets, placement of BMPs, and where construction work will be occurring is required to be included.

BMPs, as defined on the EPA's website, are "a term used to describe a type of water pollution control. Storm water BMPs are techniques, measures or structural controls used to manage the quantity and improve the quality of storm water runoff. The goal is to reduce or eliminate the contaminants collected by storm water as it moves into streams and rivers."

For more details on BMPs please visit the California Storm Water Quality Association's website at: www.casqa.org/resources/bmp-handbooks

Or Caltrans's website at:
www.dot.ca.gov/hq/construc/stormwater/manuals.htm

Project Information

Project Name:			
Project Address:			
Project Size: (Indicate sq. ft. or acres)			
Anticipated Construction Start Date:			Anticipated Construction End Date:
Approximate Soil Disturbance: (Indicate sq. ft. or acres)			Number of Storm Drain Inlets within 50 ft. of the soil disturbance:

Owner Information

Name:			
Address:			
Phone Number:			
Email:			

Contractor Information

Name:	
Company Name:	
Address:	
Phone Number:	Email:

Best Management Practices

Run-On Control BMPs

<p>When surface flow of storm water runoff is allowed to pass through disturbed soils at an active construction project it can mobilize sediment and carry it into the municipality's storm drainage system and into the local receiving waters. This results in deposition of sediment in the municipal drainage system which causes more frequent maintenance and can cause flooding. The sediment is also harmful to the local waterways.</p>	
Does storm water have the potential to run-on to the construction site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will storm water surface flow be diverted around any disturbed soil areas? Show how it will be diverted on the site map.	<input type="checkbox"/> Yes <input type="checkbox"/> No

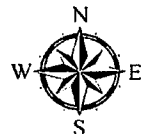
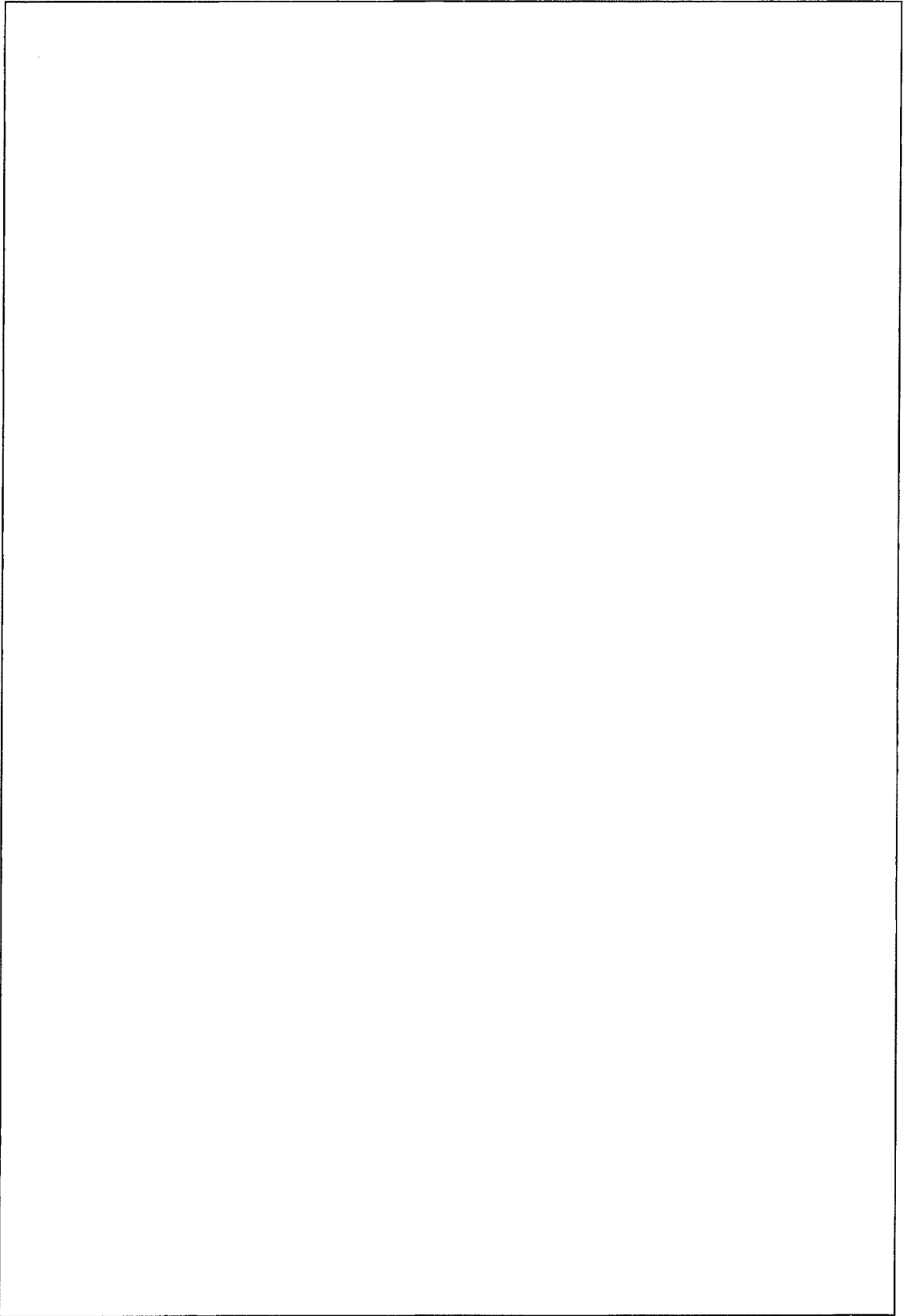
Erosion Control BMPs

<p>The definition of erosion is the detachment of soil particles. These particles can become detached by rain, wind, or construction activity. Although construction, by nature, disturbs soil, it is vital to place a temporary or permanent covering over disturbed soil as soon as possible. Projects are not allowed to leave areas of exposed soil that do not have a cover. On the table below and on the site map show how you will prevent erosion at your project.</p>			
CASQA Fact Sheet	BMP Name	BMP Selected? (Check Box)	Describe the BMP to be implemented. If not used, state the reason why.
EC-1	Scheduling (work will be conducted during the dry season)		
EC-2	Preservation of Existing Vegetation (existing vegetated areas will not be disturbed)		
EC-4	Area to be vegetated with landscaping, turf, or hydroseeding		
EC-7	Temporary Erosion Control using an erosion control blanket or geotextile		
EC-6 & EC-8	Area covered with a temporary or permanent mulch including straw, wood, compost, hydromulch, or equivalent		
EC-16	Non-Vegetated Stabilization (covered with aggregate, paving, permanent structures / surfaces)		
WE-1	Wind Erosion Control (kept moist to prevent wind erosion)		

Temporary Sediment Control BMPs

<p>Sediment control is accomplished by two ways. First, giving sediment every opportunity to settle out of storm water runoff while still on the project. Second, remove sediment from surfaces that has been carried or tracked off site before it enters the municipal drains. Each project must have effective perimeter sediment control. Drain inlets within 50 feet of the project must be protected. Any visible track out or sedimentation onto municipal property must be removed as soon as possible. Using the table below and the attached site map to show how you will control sediment at the project site.</p>			
CASQA Fact Sheet	BMP Name	BMP Selected? (Check Box)	Describe the BMP to be implemented. If not used, state the reason why.
SE-1	Temporary Silt Fence		
SE-2 or SE-3	Sediment basin or trap (all or some of the storm water drains to a retention pond or basin where sediment can settle out)		
SE-5	Temporary Fiber Rolls / Straw Wattles		
SE-6 or SE-8	Temporary Gravel Bag Berm or Sand Bag Barrier		

Site Map (draw map below or attach another map) – Map can be hand drawn or Parcel Map with Markups.
Please include a Map Legend for BMPs/Symbols and to utilize a North Arrow below to show direction(s).





City of Patterson
Public Works Department
1 Plaza, P.O. Box 667
Patterson, CA 95363

Encroachment Permit

Phone: (209) 895-8060
Fax: (209) 895-8069
E-mail: publicworks@ci.patterson.ca.us
Form Updated: 4/8/19

Application Date Permit # Expiration Date

Description of Work:

Job Location:

PROJECT SIZE: _____ SQ. FT. _____ ACRE(S) WILL THE ACTIVITIES BEING PERFORMED DISTURB SOIL?: Yes No

IS THIS A NEW DEVELOPMENT PROJECT? IF SO, WAS A STORMWATER POLLUTION PREVENTION PLAN (SWPPP) SUBMITTED TO THE CITY?: Yes No IF A SWPPP PLAN WAS COMPLETED, PLEASE PROVIDE WDI#: _____
NAME OF LEGAL RESPONSIBLE PERSON (LRP): _____

***NOTE: EROSION & SEDIMENT CONTROL PLANS (ESCP) ARE REQUIRED BY STATE / LOCAL STORMWATER REGULATIONS AND IT APPLIES ONLY TO PROJECTS THAT DISTURB SOIL AND GO THROUGH PLAN CHECK/PERMIT PROCESS. THIS DOES NOT APPLY TO MAINTENANCE PROJECTS.**

Permit Type:	Permit Purpose:				<input type="checkbox"/> Abandon/Destroy Private Well \$142.62 (Includes 2 Inspections), \$55 - Additional Inspections
	<input type="checkbox"/> Install	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Curb Cut, Excavation, Trench \$98.82	<input type="checkbox"/> Additional Inspections for Encroachment \$78.70 (One (1) hour minimum)
	<input type="checkbox"/> Utility Connections \$98.82 (Water, Sewer, Storm)	<input type="checkbox"/> Street Cut/\$71.31 Excavation/Trench	<input type="checkbox"/> Tree Work \$71.31	<input type="checkbox"/> Driveway Approach/Side-walk Construction \$98.82	<input type="checkbox"/> Double Fee (Work down without Permit) OFFICE USE ONLY
	<input type="checkbox"/> New Development \$98.82 Construction/Remodel	<input type="checkbox"/> Street Painting \$71.31	<input type="checkbox"/> Construction/ \$98.82 Demolition Project	<input type="checkbox"/> Install/Remove Monitoring Well \$98.82	<input type="checkbox"/> On-site Private Septic Tanks - STOP , contact Stanislaus County for Permitting.
	<input type="checkbox"/> Install Groundwater Well \$98.82	<input type="checkbox"/> Swimming Pool \$71.31	<input type="checkbox"/> Other (Write in Below) \$71.31	<input type="checkbox"/> Applicable Fees Apply	
	Other <input type="text"/>				

Job Location Work Scheduled to Begin and Completed by

Property Owner Contact Person

Phone/Cell: E-mail:

Property Owner's Address City State Zip Code

Contractor's Name Contact Person:

Contractor's Address City State Zip Code

Phone/Cell: E-mail:

City Business License # State Contractor Lic. Class

SUBCONTRACTOR'S LIST (SUBS MUST HAVE A CITY BUSINESS LICENSE & BE LISTED ON INSURANCE)

No.	Name	Address	Work to be Performed for General Contractor	City Business License #	Contractor's State License & Class
1.					
2.					
3.					
4.					



City of Patterson
Public Works Department
1 Plaza, P.O. Box 667
Patterson, CA 95363

Encroachment Permit Applicant's Agreement (PLEASE REVIEW AND SIGN BELOW)

Phone: (209) 895-8060
Fax: (209) 895-8069
E-mail: publicworks@ci.patterson.ca.us
Form Updated: 4/8/19
Page 2

The Contractor or property owner/developer is required to submit to the City a certificate of liability insurance with at least 2,000,000 in coverage (per occurrence) and an Endorsement to the policy naming the City of Patterson and all subcontractors listed on this application (including its officers, agents, and employees) as additional insured. An ISO Form CG 20 10 and/or CG 20 37 (Completed Operations) is **REQUIRED** along with the certificate, including the **"Waiver of Subrogation"** Endorsement in favor of the City for General Liability, Workers Compensation, and Auto Liability. In addition to the insurance requirement, the contract must post a bond with the City of Patterson if monitoring wells are being installed in the City right-of-way. The bonds must be valid for the time that the monitoring wells are in service. The permit processing fee is non-refundable. Any work done without prior approval and/or permit will be subject to a double fee.

The applicant shall prepare traffic control plans and follow traffic control procedures in accordance with the CalTrans Manual for projects, which require work in public right-of-ways. The applicant further agrees that he or she shall take all necessary safety precautions reasonably required in performing any work pursuant to any permit granted by the City of Patterson, and specifically agrees to comply with any and all safety standards and rules that have been established by the State of California or the Federal Government.

The applicant further agrees that in consideration of the granting of any permit issued pursuant to this application that he shall indemnify and hold the City of Patterson harmless from any and all liability for damages resulting from the negligence of the applicant, its agents, employees, subcontractors, or assigns, including damages, fees of attorneys, and other expenses which the City of Patterson may sustain or incur as a consequence of the negligence of the applicant, its agents, employees, subcontractors or assigns.

The applicant agrees to comply with all Stormwater Regulations (Federal/State/Local) and will submit an Erosion & Sediment Control Plan (ESCP) and/or Stormwater Pollution Prevention Plan (SWPPP) if applicable and comply with the plan submitted for their project. Applicant also understands and agrees that Best Management Practices (BMPs) will be used during the duration of the project and understand and grants authorization to the City to monitor, inspect, and enforce stormwater regulations during the duration of the project. The applicant will make sure to contact Public Works at (209) 895-8060 to schedule an inspection prior to starting the project and after the project is complete. (City Ordinance No. 777).

The permit is only valid for the party, contractor's and sub contractors named in this permit and for the specific scope of work and job location listed above. Applicant must contact the Patterson Building Department at (209) 895-8030 to obtain the appropriate permit(s) for any work on private property. This permit is valid for 30 days from the date of Public Works approval, unless otherwise noted. Work may commence until all conditions of approval have been satisfied.

Inspections by Public Works staff will be billed at the corresponding fee per inspection and require a 24-hour notice. The cost for any inspections by the City's Engineer will be billed to the applicant and require a 48-hour notice. **Any jobs that encroach on City streets, including partial blockage or closure of streets, will require a traffic control plan and a designated date work will begin.** A pre-inspection walk thru is scheduled with the general contractor and the Public Works Inspector prior to work beginning. A "final" inspection walk thru needs to be scheduled when the project is completed and for closure of this permit. To schedule an inspection or for any questions, please contact Public Works at (209) 895-8060.

Preservation of Survey Monument

Contractor shall be responsible for identifying and preserving any and all existing Monuments or Survey Points (Apparent or Buried) which control Subdivisions, tracts, streets or highways, or Geodetic Control and/or Published Elevation Control. If monuments are inadvertently distributed by the contractor, the contractor is responsible for all costs of replacement and resetting the monument including survey costs. If monuments are to be disturbed, the contractor shall provide a minimum of 10 working days notice to the project Engineer or Land Surveyor prior to the disturbance or removal of any existing monuments (Apparent or Buried).

If a monument is to be disturbed the Contractor shall coordinate with the project Engineer or Land Surveyor to have a minimum of four ties to survey points, (set iron pipes, 5/8ths rebar or durable marker), a copy of the field notes showing the ties and a Corner Record shall be filed with the County Surveyor's Office, (Business and profession Codes 8771).

Monuments requiring replacement or resetting shall be of acceptable type and quality as directed by the Engineer. They shall be placed by a Surveyor registered in the State of California in a manner consistent with good and recognized engineering and surveying practices and in accordance with City's standard drawings, and the State of California regulations, and a Corner Record shall be filed for the replaced monument, (Business and profession Codes 8771).

By signing this agreement the property owner and contractor are also agreeing to all these requirements, terms & conditions of this page and **Page 3** of this application.

Signature of Property Owner

Name Printed

Date

Signature of Contractor

Name & Title Printed

Date



Encroachment Permit
CONDITIONS OF CITY APPROVAL
(To be Completed by City Personnel)

1. Call Underground Service Alert (U.S.A.) at 1-800-642-2444 at least 48 hours **BEFORE** digging in City right-of-way.
2. Shoring is required for trenches 5 feet or deeper.
3. All work, including Compaction, shall be completed to current City standards. Copies of standards can be found at www.ci.patterson.ca.us
4. Any damage to public or private property or any damage to facilities in public right-of-way is the responsibility of the contractor to correct.
5. If the scope of work results in any significant impact to existing homes or businesses, the contractor may be required to pass out fliers to that effect.
6. A Pre-Construction meeting may be needed as determined by Public Works. **Please contact Public Works at (209) 895-8060 to schedule if marked Yes. Pre-Construction Meeting Required?** Yes No
7. If any water is needed from City fire hydrants, a Hydrant Use Permit is required. A meter deposit and water use charges apply. The meter must be returned back immediately to the City upon project completion. If meter is not received, the City will close-out the permit, retain the meter deposit, and bill out any remaining water use charges.
8. All work performed under this permit shall comply with the Phase II Storm water Regulations and the City's storm water ordinance, including the completion of a SWPPP and/or Erosion Sediment Control Plan (ESCP). BMPs must be in place and the City's QSP will inspect before starting any work. **Is a SWPPP and/or ESCP required for this project?** Yes No
9. Upon approval of this application, a Fee is due before work may be commenced.
10. Is a traffic control plan needed? Yes No Any jobs that encroach on city streets, including partial blockage or closure of streets, will require a traffic control plan and a designated date work will begin. Upon approval of encroachment permits, emergency services shall be notified and give the date work will begin.
11. Is the property free and clear of easements? Yes No
12. Pre-Inspections and Post Inspections are required for all Encroachment Permits. Please contact the Public Works Department at **(209) 895-8060** to schedule your inspections.
13. Other:
14. Has the Pre-Construction Meeting Completed? Yes No Date of Meeting: _____
15. The Contractor and/or Property Owner/Developer will obtain approval from the City prior to transferring any excess dirt removed from the project area. If the dirt is being transferred to a private property, a signed letter from the property owner granting their authorization will be required. Additionally, the excess dirt will be properly graded (mounds not allowed) and stabilized for erosion and sediment control to comply with Stormwater regulations.
16. The Contractor and/or Property Owner/Developer shall submit to the City, along with the Certificate of Insurance, CG 20 10 and/or CG 20 37 (Completed Operations), and a Waiver of Subrogation endorsement in favor of City, its officers, agents, employees, and volunteers.

John Vance, Public Works Inspector
Craig Moon, Public Works Inspector

Signature

Date

Robert Andrade, Deputy Director
Mike Willett, Director

Signature

Date

Sonia Delgado,
Sr. Administrative Manager

Signature

Date

Fernando Ulloa, City Engineer
Jaspreet, Associate City Engineer
Tiffany Rodriguez, Capital Project Manager

Signature

Date

**Business'
Insurance Broker**

Sample Certificate of Insurance

ACORD		CERTIFICATE OF LIABILITY INSURANCE		Date (mm/dd/yy) 08/01/00
PRODUCER Agency Manager, Inc. 2500 Bond Street University Park, IL 60466		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
Phone No. 800-999-5368		COMPANIES AFFORDING COVERAGE		
Name of Insured Here Street Address City, ST, Zip Code		COMPANY A	Insurance Name	
Name of Insured (It should match the name as written on application)		COMPANY B		
Name of Insured Here		COMPANY C		
Street Address		COMPANY D		
City, ST, Zip Code				
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE 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.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	UNITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	123456789	01/01/12	01/01/13	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 2,000,000 EACH OCCURRENCE \$ 2,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any One Person) \$ 5,000 COMBINED SINGLE LIMIT \$
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTO NON-OWNED AUTOS				BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$
GARAGE LIABILITY	SAMPLE	ONLY		AUTO ONLY -EA ACCIDENT \$ 2,000,000 OTHER THAN AUTO ONLY \$ 2,000,000 EACH ACCIDENT \$ 2,000,000 AGGREGATE \$ 2,000,000 EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				WC STATUTORY LIMITS OTHER 2,000,000 EACH OCCURRENCE \$ 2,000,000
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				EL DISEASE-POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
DESCRIPTION OF OPERATIONS /LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS RE: Permit Number, Location of Project, and City of Patterson as a Insurance Certificate holder and listed as Additional Insured on Endorsement CG 20 10 and/or CG 20 37 (Completed Operations), with Waiver of Subrogation, hereto attached.				
CERTIFICATE HOLDER		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED PLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
City of Patterson Public Works Department 1 Plaza, 2nd Floor Patterson, CA 95363		AUTHORIZED REPRESENTATIVE		
ACORD 25-5 (1/85)		ACCORD CORPORATION 1998		

Name of Insured (It should match the name as written on application)

Claims Made or Modified Occurrence is not acceptable

This section should reference CG 20 10 and CG 20 37

Current dates are required

Total CGL amount should be \$2 mill

Signed by the Broker or Insurance Company only

POLICY NUMBER: *(GL Policy Number must be referenced here)*

COMMERCIAL GENERAL LIABILITY
CG 20 26 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)

The City of Patterson, its officials, agents, employees, and volunteers.

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 out of ongoing operations performed for that insured.
 - (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 site of the covered operations as 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.
- B. With respect to the insurance afforded t these additional insureds, the following exclusion is added:
 - 2. Exclusions
 - This insurance does not apply to "bodily injury" or "property damage" occurring after: