BEFORE YOU CAN PERFORM ANY CONSTRUCTION OR MAINTENANCE WORK IN THE PUBLIC RIGHT-OF-WAY YOU MUST HAVE A VALID ENCROACHMENT PERMIT ISSUED BY THIS DEPARTMENT

This work includes but is not limited to driveway approaches, sidewalks, grading, landscape installation or maintenance, tree pruning, traffic signal work, and underground utilities.

REQUIREMENTS:

1. You must possess a California state contractor’s license, proof of insurance on file with the City, and a current City business license.

2. You must fill out an Encroachment Permit application. THIS IS NOT THE ACTUAL PERMIT.

3. You must submit one set of engineered plans and a traffic control plan for checking and approval along with the application. This should be done one to two weeks prior to construction, to allow for checking and processing.

4. You will be assessed a permit processing fee and an inspection fee, based on the City’s estimation of the volume of the work to be performed.

5. Upon receipt of your signed Encroachment Permit, you must call for an inspection prior to backfilling, concrete pours, paving, excavation, etc., at least 48 hours before the work is performed. You must supply your Encroachment Permit Number when requesting an inspection and you must have your permit in your possession at the job site so that the inspector may sign it after he approves the work. You also must have at the job site any approved plans, grading permits, etc., for inspection.

6. All contractors or sub-contractors must apply for a separate Encroachment Permit for work performed in the public right-of-way. A general contractor’s Encroachment Permit does not cover a sub-contractor’s work within the right-of-way.
CITY OF DESERT HOT SPRINGS
PUBLIC WORKS DEPARTMENT
APPLICATION FOR ENCROACHMENT PERMIT

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<tr>
<th>Permit # ____________________</th>
<th>Expires ____________________</th>
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Approved By ____________________ Approval Signature ____________________

The undersigned hereby applies for a permit to excavate, construct and otherwise encroach on City of Desert Hot Springs street right-of-way as follows on this form. Description of work and installation to be maintained-attach and refer to other maps or documents.

Name(s) of streets and specific locations of work:

| Estimated Improvement Value: $ ____________________ |

Traffic Control Plan Required? Yes ______ No ______
Traffic Control Plan Approval __________________

PM-10 Plan Required? Yes ______ No ______
PM-10 Plan Approval __________________

Contractor’s State License Number/Class _______________ Expiration Date _______________
City Business License Number _______________ Expiration Date _______________

In consideration of the granting of this application, the applicant hereby agrees to:

1. Indemnify, defend and save the City of Desert Hot Springs, it’s authorized agents, officers, representatives, and employees, harmless from and against any/all penalties, liabilities of loss resulting from claims or court action arising out of any accidents, loss or damage to persons or property happenings or occurring as a proximate result of any work undertaken under the permit granted pursuant to this application.
2. Remove or relocate an encroachment installed or maintained under this permit upon written notice from the City Engineer.

3. Notify the Public Works department at least 48 hours in advance of the time when work will be started and upon completion of the work. Inspection request line (760) 329-6411, ext. 246.

4. Comply with all applicable City Ordinances, the terms and conditions of this encroachment permit, (See Attached General Provisions) and all applicable rules and regulations of the City of Desert Hot Springs.

NAME OF BUSINESS _______________________
ADDRESS _______________________________
TELEPHONE NUMBER _____________________
AUTHORIZED SIGNATURE __________________
PRINT NAME ____________________________

OWNER/BUILDER INFORMATION:
PRINT NAME ______________________________
ADDRESS ________________________________
PHONE NUMBER __________________________
AUTHORIZED SIGNATURE __________________

JOB START DATE_____________ JOB COMPLETION DATE_____________
Final Inspection Approval Date_____________
Approved By________________ Approval Signature_________________

FOR OFFICE USE ONLY

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