



CITY OF RIVERSIDE PUBLIC WORKS DEPARTMENT

STREET OPENING PERMITS / CONSTRUCTION PERMITS

ALL CONTRACTORS MUST BE STATE LICENSED WITH THE CLASS LICENSE APPLICABLE TO THE WORK THEY ARE GOING TO PERFORM. ALL PERMITS ARE APPLIED FOR ONLINE AT: <https://posselms.riversideca.gov/prod/pub/lms>

All applicants must upload the following into the permit:

1. A Site Map With And Scope Of Work
2. Traffic Control Per The Watch Manual Or Engineered Plans
3. Authorization To Sign If The Applicant Is Someone Other Than An Approved Signer For The Contractor. (See Below Form)

All applicants are required to have:

4. Current City Business Tax License (Business Tax Department 951-826-5465)
5. Underground Service Alert (1-800-227-2600)
6. Cal-Osha Excavation Permit (5' Or Greater) Airport Drive, Suite 103, San Bernardino, CA 92408 (909-383-4321)
7. Current Certificates Of Insurance Uploaded To Risk Management's Online Portal For Approval At <https://Riversideca.Gov/Coportal> The City's Risk Management Team (951-826-5454) Will Send You An Email Once Your COI Has Been Approved. Insurance Approval Is Required Prior To Permit Submittal.

Permit Fees:

8. Street Opening Permit: \$1161.66
9. Construction Permit Fees Are Based On Quantities Provided

All certificates of insurance must name **City of Riverside as Certificate Holder** and evidence the following:

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|-------------------------------|--|------------------|
| GENERAL LIABILITY – | <u>each occurrence</u> | <u>aggregate</u> |
| | \$ 1,000,000 | \$2,000,000 |
| General Liability must cover: | Comprehensive form Premises – Operations Underground Hazards Products / Complete Operations Contractual Insurance Independent Contractors | |

WORKERS' COMPENSATION – Per statute and Employer Liability with minimal limits of \$1,000,000

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|-------------------------|-----------------------|
| AUTO INSURANCE – | <u>per occurrence</u> |
| Bodily Injury | \$1,000,000 |
| Property Damage | \$1,000,000 |

- OR COMBINED SINGLE LIMITS OF ONE MILLION –

| | |
|----------------------------|-----------|
| Auto Insurance must cover: | Owned |
| | Non-owned |
| | Hired |

LIABILITY INSURANCE POLICIES MUST INCLUDE A SPECIFIC ENDORSEMENT NAMING THE CITY OF RIVERSIDE AS ADDITIONAL INSURED. WORKER'S COMPENSATION POLIY MUST BE ENDORSED, BY SPECIFIC ENDORSEMENT, TO WAVE ALL RIGHTS OF SUBROGATION AGAINST CITY OF RIVERSIDE. ALL POLICIES MUST PROVIDE A 30 – DAY NOTICE OF CANCELLATION.

THE CITY OF RIVERSIDE MUST BE SHOWN AS CERTIFICATE HOLDER:
3900 Main Street, Riverside, Ca 92522



CONTRACTOR – AUTHORIZED AGENT FORM

| | |
|-------------------------------------|--|
| Company Name: | |
| Contractor's Name: | |
| Contractor's License Number: | |

The undersigned individual(s) employed by my company are authorized by me to pull permit(s), from the City of Riverside, on my behalf. If this list changes, we will contact your office in writing. There is no expiration date for this letter.

THE BELOW LISTED EMPLOYEES ARE AUTHORIZED TO PULL PERMITS UNDER MY CONTRACTOR'S LICENSE NUMBER (List First and Last Name):

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By my signature, I acknowledge that I have read and understand the above information.

Signature of Licensed Contractor

Date

THIS DOCUMENT MUST BE NOTARIZED

STAMP NOTARY SEAL HERE AND ATTACH SEPARATE NOTARY DOCUMENT (ACKNOWLEDGEMENT) TO VERIFY SIGNATURE OF LICENSED CONTRACTOR