

CITY OF RIVERSIDE

PUBLIC WORKS DEPARTMENT

STREET OPENING PERMITS / CONSTRUCTION PERMITS

ALL APPLICANTS MUST BE STATE LICENSED CONTRACTORS WITH THE CLASS LICENSE APPLICABLE TO THE WORK HE IS GOING TO PERFORM.

All applicants must supply the following:

1. COPY OF STATE LICENSE OR POCKET CARD
2. CURRENT CITY BUSINESS TAX MUST BE PAID (951-826-5465)
3. UNDERGROUND SERVICE ALERT (1-800-227-2600)
4. CAL-OSHA EXCAVATION PERMIT (5' or greater)
242 E. Airport Drive, Suite 103, San Bernardino, CA 92408 (909-383-4321)
5. AUTHORIZATION TO SIGN (ATTACHED)
6. CERTIFICATE OF INSURANCE
7. FOR SOP: PAYMENT OF \$1,080.72 TO ACCOMPANY APPLICATION SUBMITTAL
8. FOR SOP: (4) TRAFFIC CONTROL PLANS PER THE WATCH MANUAL & (4) SITE PLANS WITH SCOPE OF WORK TO BE PERFORMED
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:

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

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:

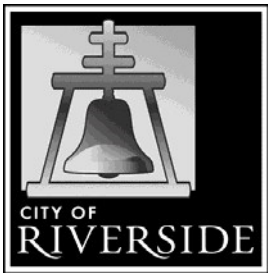
- Owned
- Non-owned
- Hired

LIABILITY INSURANCE POLICIES MUST INCLUDE A SPECIFIC ENDORSEMENT NAMING THE CITY OF RIVERSIDE AS ADDITIONAL INSURED. WORKER'S COMPENSATION POLICY MUST BE ENDORSED, BY SPECIFIC ENDORSEMENT, TO WAIVE 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 (951) 826-5341 • bflorio@riversideca.gov & hclark@riversideca.gov

G:/Admin/Common/Landdev/Forms/PW Forms/GfYfhCdYbJbJ 'DYfa]h– 7 cbglfi W]cb'DYfa]h/ Insurance Requirements 2020



CITY OF RIVERSIDE

PUBLIC WORKS DEPARTMENT

AUTHORIZATION TO SIGN

Date: _____

Address: _____

Only those persons listed below are duly authorized by this company to act as our agents to obtain permits from the City of Riverside, Public Works Department, Engineering Division. It is our understanding that only these designated persons may obtain permits in this firm's name and that this authorization will continue until the Public Works Department is notified in writing of any change.

1. _____
(TYPED OR PRINTED NAME)

(SIGNATURE)

2. _____
(TYPED OR PRINTED NAME)

(SIGNATURE)

3. _____
(TYPED OR PRINTED NAME)

(SIGNATURE)

4. _____
(TYPED OR PRINTED NAME)

(SIGNATURE)

Sincerely,

COMPANY NAME

TYPED NAME AND TITLE

SIGNATURE