



# RIGHT-OF-WAY PERMIT WORKSHEET

## COMMUNITY DEVELOPMENT DEPARTMENT

1400 Highland Avenue, Manhattan Beach, CA 90266-4795  
 Telephone (310) 802-5500 FAX (310) 802-5501 TDD (310) 546-3501  
 Website: www.cityymb.info

Permit #: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Job Address:	
Property Owner:	Phone:
	Email:
Applicant:	Phone:
	Email:
Contractor:	Phone:
	Email:
CSLB License No:	City License No:

STREET EXCAVATION - NON-UTILITY	FEES	STREET/LANE CLOSURE INFORMATION
<input type="checkbox"/> Curb & Gutter		<b>TYPE OF CLOSURE:</b> <input type="radio"/> PRKG. AREA <input type="radio"/> LANE <input type="radio"/> STREET <input type="radio"/> OTHER  <b>CLOSURE DATE(S)</b> FROM: _____ TO: _____  <b>CLOSURE TIME(S)</b> FROM: _____ TO: _____  <b>CLOSURE STREET(S) AND STREET RANGE:</b>
<input type="checkbox"/> Sidewalk		
<input type="checkbox"/> Driveway Approach		
<input type="checkbox"/> Other		
<b>SECTION TOTAL</b>	<b>4500</b>	
<b>STREET EXCAVATION - UTILITY</b>		<b>PURPOSE OF CLOSURE:</b>  <b>GENERAL LIABILITY INSURANCE:</b> <input type="radio"/> ATTACHED <input type="radio"/> ON FILE <input type="radio"/> NOT REQ.  <b>REFUND DEPOSIT TO:</b> <input type="radio"/> OWNER <input type="radio"/> CONTRACTOR <input type="radio"/> OTHER  NAME:  ADDRESS:  <b>Applicant Acknowledgement Statement</b> I agree to comply with the conditions on the Right-of-Way handouts, traffic control requirements, with all state laws and city ordinances and with any other conditions that may apply to this permit.  Signature: _____ Date: _____
<input type="checkbox"/> Sewer Line    LF:		
<input type="checkbox"/> Water Line    LF:		
<input type="checkbox"/> Undergrounding    LF:		
<b>SECTION TOTAL</b>	<b>4503</b>	
<b>QTY</b>		<b>Applicant Acknowledgement Statement</b> I agree to comply with the conditions on the Right-of-Way handouts, traffic control requirements, with all state laws and city ordinances and with any other conditions that may apply to this permit.  Signature: _____ Date: _____
<b>PUBLIC TREE REMOVAL</b>		
<b>SECTION TOTAL</b>	<b>4507</b>	
<b>TEMPORARY ENCROACHMENT</b>		
<input type="checkbox"/> Pedestrian Canopy		
<input type="checkbox"/> Storage of Materials		
<input type="checkbox"/> Crane: Wt:            Ht:            Lg:		
<input type="checkbox"/> Temporary Fence		
<input type="checkbox"/> Scaffolding		
<input type="checkbox"/> Roll-Off Bin/POD		
<input type="checkbox"/> Operation of Vehicle on Sidewalk		
<input type="checkbox"/> Sandblasting		
<input type="checkbox"/> Public Utility    LF:		
<input type="checkbox"/> Over Quantitative Discharge/Other		
<b>SECTION TOTAL</b>	<b>4504</b>	
<b>STREET/LANE CLOSURE?</b> <input type="radio"/> YES <input type="radio"/> NO <i>(IF YES, COMPLETE CLOSURE INFORMATION ON TOP RIGHT)</i>		<b>FOR CITY COMPLETION ONLY</b> <input type="checkbox"/> Lane Closure Hours 8:30 AM - 3:30 PM Mondays through Fridays <input type="checkbox"/> Partial / Full / Custom / MUTCD Traffic Control Plan _____ <input type="checkbox"/> City Traffic Control Requirements Attached <input type="checkbox"/> Deliver notice to impacted properties 72+ hours prior <input type="checkbox"/> Post temporary "No Parking" signs at least 72 hours prior <input type="checkbox"/> No full street closures on trash days _____  Approved By: _____ Date: _____
<b>SECTION TOTAL</b>	<b>4505</b>	
<b>INSPECTION FEE</b>	<b>4504</b>	
<b>AFTER THE FACT FEE</b>	<b>4000</b>	
<b>DEPOSITS/BOND</b>	<b>4700</b>	
<b>IMAGING FEE</b>	<b>4017</b>	
<b>PLAN CHECK FEE</b>	<b>4220</b>	
<b>TRAFFIC REVIEW</b>	<b>4537</b>	
<b>OTHER</b>		
<b>TOTAL FEES</b>		