



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		TYPE OF CLOSURE: <input type="radio"/> PRKG. AREA <input type="radio"/> LANE <input type="radio"/> STREET <input type="radio"/> OTHER CLOSURE DATE(S) FROM: _____ TO: _____ CLOSURE TIME(S) FROM: _____ TO: _____ CLOSURE STREET(S) AND STREET RANGE:
<input type="checkbox"/> Sidewalk		
<input type="checkbox"/> Driveway Approach		
<input type="checkbox"/> Other		
SECTION TOTAL	4500	
STREET EXCAVATION - UTILITY		PURPOSE OF CLOSURE: GENERAL LIABILITY INSURANCE: <input type="radio"/> ATTACHED <input type="radio"/> ON FILE <input type="radio"/> NOT REQ. REFUND DEPOSIT TO: <input type="radio"/> OWNER <input type="radio"/> CONTRACTOR <input type="radio"/> OTHER NAME: ADDRESS: Applicant Acknowledgement Statement 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:		
SECTION TOTAL	4503	
QTY		Applicant Acknowledgement Statement 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: _____
PUBLIC TREE REMOVAL		
SECTION TOTAL	4507	
TEMPORARY ENCROACHMENT		
<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		
SECTION TOTAL	4504	
STREET/LANE CLOSURE? <input type="radio"/> YES <input type="radio"/> NO <i>(IF YES, COMPLETE CLOSURE INFORMATION ON TOP RIGHT)</i>		FOR CITY COMPLETION ONLY <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: _____
SECTION TOTAL	4505	
INSPECTION FEE	4504	
AFTER THE FACT FEE	4000	
DEPOSITS/BOND	4700	
IMAGING FEE	4017	
PLAN CHECK FEE	4220	
TRAFFIC REVIEW	4537	
OTHER		
TOTAL FEES		