



**CITY OF PICO RIVERA  
PUBLIC WORKS DEPARTMENT  
6615 PASSONS BLVD., PICO RIVERA, CA 90660  
ENCROACHMENT/EXCAVATION PERMIT APPLICATION**

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

**APPLICANT'S INFORMATION:**

**CONTRACTOR'S INFORMATION:**

Applicant \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Contractor \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contractor's License No. \_\_\_\_\_  
Exp. Date \_\_\_\_\_

Address/location of work: \_\_\_\_\_

Type of work to be performed: \_\_\_\_\_

Excavation Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

Number of working days \_\_\_\_\_ Starting Date \_\_\_\_\_ Completion Date \_\_\_\_\_

**The following documents need to be submitted with this application:**

1. Business License from the City of Pico Rivera - Contractor and Sub-Contractor(s)
2. Approved Site Plan(s)
3. Traffic Control Plan(s)
4. Project Schedule shall be provided to the Public Works Inspector 2 days prior to start of job
5. Dig Alert Number
6. Insurance Certificate with City of Pico Rivera additionally insured with the following:

The permittee agrees to indemnify, defend and hold harmless the City and/or any other City Agency, its officers, agents and employees, for/from any and all claims or actions of any kind asserted against the City and/or other City agency its officers, agents and employees arising out of the permittee (including permittee employees, representatives, product and subcontractors) negligent performance under this agreement.

**AUTHORIZATION:**

Hereby names the applicant for a permit to encroach in the public right of way of the City of Pico Rivera, subject to the provisions of Pico Rivera Municipal Codes and all applicable laws, rules and regulations of the City of Pico Rivera or any other public agency.

Signature \_\_\_\_\_  
Authorized Agent for Permittee                      Date                      Print Name

SUBMIT PERMIT APPLICATION TO [KVASQUEZ@PICO-RIVERA.ORG](mailto:KVASQUEZ@PICO-RIVERA.ORG)

ANY QUESTIONS PLEASE CONTACT THE DEPARTMENT OF PUBLIC WORKS AT (562) 801-4404

**Fill in ALL Blanks. If not applicable, write "N/A"**