



CITY OF SAN DIMAS PUBLIC WORKS DEPARTMENT PERMIT APPLICATION

DATE: _____

PROJECT LOCATION: _____

PROJECT NUMBER (IF APPLICABLE): _____

OWNER/APPLICANT:

NAME/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____

PHONE: _____

CONTACT E-MAIL ADDRESS: _____

CONTRACTOR:

NAME/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

CONTACT E-MAIL ADDRESS: _____

CITY OF SAN DIMAS BUSINESS LICENSE: _____ CONTRACTOR LICENSE: _____ LICENSE CLASS: _____

PROPOSED WORK: _____

TRAFFIC CONTROL: COMPLY WITH CURRENT CALIFORNIA M.U.T.C.D.

TRAFFIC CONTROL PLAN ATTACHED

WORK HOURS: _____

POWER OUTAGE: YES NO

TRAFFIC SIGNAL(S) AFFECTED: YES NO

INSURANCE: GENERAL LIABILITY WORKERS COMPENSATION EXEMPT (SELF-INSURED)

ITEMS TO BE PERMITTED:

A.C. PAVING _____ SF

SIDEWALK _____ SF

ADJUST MANHOLE _____ QTY

TRENCHING _____ LF

CURB AND GUTTER _____ LF

N.P.D.E.S. B.M.P. REQUIRED (DETERMINED BY CITY STAFF)

CURB CORE _____ QTY

OTHER: _____

DRAINAGE STRUCTURE _____ QTY

DRIVE APPROACH _____ SF

CONTAINER/DUMPSTER PERMIT
(MUST BE ORDERED FROM WASTE MANAGEMENT ONLY)

MAIN LINE _____ LF

DIMENSIONS OF CONTAINER: _____

PULL BOX/SPLICE PIT _____ QTY

DATE OF CONTAINER/DUMPSTER DROP OFF: _____

SEWER LATERAL _____ LF

DATE OF CONTAINER/DUMPSTER PICK-UP: _____

SIDEWALK _____ SF

CALL (909) 394-6240
FOR INSPECTION 24 HOURS
BEFORE START OF WORK




**Know what's below.
Call 811 before you dig.**