

Submit via email to: [PWPermits@lakeforestca.gov](mailto:PWPermits@lakeforestca.gov)

**ENCROACHMENT PERMIT**

City of Lake Forest/Department of Public Works  
100 Civic Center Dr  
Lake Forest, California 92630  
Phone: (949) 461-3487



PERMIT NO.: ENCRH-62159

ISSUE DATE: 11/01/2023

EXPIRATION DATE: 10/31/2024

**APPLICATION FOR WORK IN THE PUBLIC RIGHT OF WAY  
TO EXCAVATE, FILL, OBSTRUCT, OR CONSTRUCT ON PUBLIC PROPERTY AND AGREEMENT TO HOLD THE CITY OF LAKE  
FOREST HARMLESS**

Work Location: 24092 Brookfield Cir. Development No./Project: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_ Address of Applicant: \_\_\_\_\_  
Name of Contractor: \_\_\_\_\_ Contractor's Phone: \_\_\_\_\_  
Address of Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
\_\_\_\_\_ Contractor's License: \_\_\_\_\_

**APPLICATION IS HEREBY MADE TO PERFORM THE FOLLOWING WORK**

TYPE OF WORK (check applicable):	Excavation <input type="checkbox"/>	Sidewalk/Driveway Replacement <input type="checkbox"/>	Paving <input type="checkbox"/>	Other curb core-out
	Traffic Control/Lane Closure <input type="checkbox"/>	Storm Drain Entry <input type="checkbox"/>	Stockpile/Storage <input type="checkbox"/>	
REQUIRED SUBMITTALS:	Insurance Certificate and Endorsements (both general liability and workers comp)		3 sets of Approved Plan	

Work Scheduled to Begin: asap Estimated Completion Date: 2 days

Title of Approved Plan: \_\_\_\_\_

**Indicate In Specific Detail Work To Be Done:**

<400 sqft flat backyard interlocking pavers CURB CORE

I AGREE TO COMPLY WITH THE STANDARD CONDITIONS AND/OR SPECIAL PROVISIONS ATTACHED TO THIS APPLICATION AND WITH ALL CITY ORDINANCES, RESOLUTIONS, STANDARDS AND SPECIFICATIONS CURRENTLY IN FORCE, AND TO PAY FOR REMOVAL AND PROPER PLACEMENT OF ANY ITEM INSTALLED UNDER THIS PERMIT WHICH DOES NOT COMPLY WITH THE ABOVE. IN ADDITION, I AGREE TO PAY FOR THE REPAIR AND/OR REPLACEMENT OF ANY CITY FACILITY OR IMPROVEMENT WHICH MAY BE CUT OR DAMAGED AS A RESULT OF ANY WORK UNDERTAKEN PURSUANT TO THIS PERMIT.

**\*\*NOTIFY PUBLIC WORKS INSPECTOR 48 HOURS PRIOR TO BEGINNING WORK AT (949) 461-3494\*\***

**\*\*UNDERGROUND SERVICE ALERT (Call 811) has been contacted and has provided Inquiry ID Number \_\_\_\_\_**

\_\_\_\_\_  
Applicant (Print Name)  
\_\_\_\_\_  
Applicant Signature  
APPROVED   
Department of Public Works/Engineering Division

\_\_\_\_\_  
Phone Number  
10/27  
Date  
11/01/2023  
Date

PERMIT FEES	INSPECTION RECORD	
Issuance Fee:	I certify that the work allowed in the public right-of-way has been constructed according to the conditions, specifications and plans of this permit and I hereby accept the work in this manner.	
Inspection Fee: <b>\$164.00</b>		
Deposit		
PENALTY:	Inspector's Signature:	Date:
TOTAL:		
CASH CHECK #:	Comments:	
BOND INFORMATION		
Surety Type & No. :		
Surety Amount:		

Copies to:  City File  Finance  Permittee  Inspector

Client#: 1928397

SYSTEMPAV

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/10/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER, CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #, INSURED, INSURER A, INSURER B, INSURER C, INSURER D, INSURER E, INSURER F

COVERAGES CERTIFICATE NUMBER: 42241668 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADD'L SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The general and automobile liability policies include an automatic Additional Insured endorsement that (See Attached Descriptions)

CERTIFICATE HOLDER: City of Lake Forest, 100 Civic Center Dr., Lake Forest, CA 92630. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

## DESCRIPTIONS (Continued from Page 1)

provides such status to the Certificate Holder, for both ongoing and completed operations, if required by a written contract and only with regard to work performed by or on behalf of the named insured. A waiver of subrogation applies to the general and automobile liability policies if required by written contract and where permitted by statute.

WC specifically excludes monopolistic states: ND, OH, WA, WY

Job Number:2023-107681

Project End Date:12/31/2023