



GRADING PERMIT

TOWN OF COLMA ENGINEERING DEPARTMENT

1198 El Camino Real • Colma, California • 94014-3212
Tel 650-757-8888 • Fax 650-997-8308

Location of Work: _____ Date: _____ Permit No. _____

THIS PERMIT IS NOT VALID UNTIL SIGNED AND STAMPED BY THE TOWN

APPLICANT NAME _____ COMPANY _____ ADDRESS _____ EMAIL _____ PHONE _____ OWNER NAME _____ PHONE _____ SOILS ENGINEER NAME _____ PHONE _____	CONTRACTOR NAME _____ COMPANY _____ ADDRESS _____ EMAIL _____ PHONE _____ CONTRACTOR'S LICENSE NO. _____ TOWN'S BUS LICENSE NO. _____ 24 HOUR PHONE _____ CIVIL ENGINEER NAME _____ PHONE _____
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APPLICATION IS HEREBY MADE TO PERFORM GRADING AND SITE IMPROVEMENT AT THE LOCATION STATED ABOVE PER PLANS APPROVED ON: _____

ESTIMATED GRADING START DATE: _____ COMPLETION DATE: _____ ESTIMATED PERMANENT EROSION CONTROL COMPLETION DATE: _____

CUBIC YARDS OF: CUT: _____ FILL: _____ IMPORT: _____ EXPORT: _____

SOURCE OF FILL, DISPOSAL SITE _____ PERMIT REQUIRED YES NO OBTAINED

SUBMITTED: SITE MAP GRADING PLAN TEMPORARY EROSION CONTROL PLAN PERMANENT EROSION CONTROL PLAN
 SOILS REPORT GEOLOGY REPORT DRAINAGE PLAN DRAINAGE CALCULATIONS
 STORM WATER CALCULATIONS WORK SCHEDULE SOILS ENGINEER'S INSTRUCTION LETTER

CONDITIONS OF APPROVAL: _____

FEES: NONE/WAIVED

PLAN CHECK: \$ _____ PAID: _____ RCPT NO. _____

PERMIT: \$ _____ PAID: _____ RCPT NO. _____

SPECIAL DEPOSIT \$ _____ PAID _____ RCPT NO. _____

SURETY:

PERFORMANCE MAINTENANCE

AMOUNT \$ _____ AMOUNT \$ _____

REC'D DATE _____ REC'D DATE _____

BOND CERT. OF DEPOSIT LETTER OF CREDIT

INSURANCE (check all received):

GENERAL LIABILITY AUTOMOBILE LIABILITY WORKERS COMPENSATION

I HEREBY AGREE TO ACCEPT AND ABIDE BY THE GENERAL GRADING PERMIT PROVISIONS ON THE BACK OF THIS PERMIT, THE BMP'S FOR PREVENTION OF STORM WATER POLLUTION AND EROSION CONTROL AND THE CONDITIONS OF APPROVAL LISTED OR REFERENCED ABOVE.

PERMITEE NAME: _____ SIGNATURE: _____ DATE: _____

TITLE: _____ COMPANY: _____

NO WORK OTHER THAN THAT SPECIFICALLY MENTIONED ABOVE IS AUTHORIZED HEREBY. PERMIT EXPIRES IN 90 CALENDAR DAYS IF WORK IS NOT STARTED.

DATE GRANTED: _____ BY: _____

DATE EXPIRES: _____ EXTENDED ON: _____, EXTENDED TO: _____, EXTENDED BY: _____

FINAL SOILS REPORT RECEIVED AS-BUILTS RECEIVED CONTRACTORS STATEMENT RECEIVED

FINAL SIGNOFF BY: _____ DATE: _____ (OBTAIN FINAL SIGNOFF PRIOR TO EXPIRATION DATE TO AVOID PENALTIES)

Town of Colma Encroachment Permit Insurance Requirements

CONTRACTORS:

Certificates of Insurance with original, authorized signatures, providing the following minimum insurance coverage(s):

1. **General Liability:** \$1,000,000 Combined Single Limit per occurrence for bodily injury, personal injury, and property damage.

A. **LIABILITY INSURANCE ENDORSEMENT** containing the following specific components:

1. The insurance policy number.
2. A statement that includes the following language: *“The Town of Colma, including its officers, officials, employees, and volunteers, are insureds”*
3. A statement that includes the following language:
“The insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured’s scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.”
4. A statement that includes the following language:
“The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the Town.”

NOTES:

- a. A CG 20 10 11 85 Form is preferred for the General Liability additional insured Endorsement, but alternative endorsements may, for good cause, be substituted with prior approval by the Town. The Town can consider accepting either a CG 20 10 10 01 or a CG 20 33 10 01 (or some form specific that has identical wording) as long as the form is accompanied by a CG 20 37 10 01.
- b. Policies that include endorsement numbers CG 22 94 10 01 and/or CG 22 95 10 01, or have the endorsement wording written into the policy **DO NOT** satisfy the Town’s insurance requirements, and **WILL NOT** be accepted.
- c. The Town will accept strike out of the words "endeavor to" and everything after, "...certificate holder named to the left," on the Certificate of Insurance in lieu of cancellation language on an endorsement.

2. **Automobile Liability:** “Any Auto” \$1,000,000 Combined Single Limit per accident for bodily injury and property damage.

A. **AUTOMOBILE INSURANCE ENDORSEMENT** containing the following specific components:

1. The insurance policy number.
2. A statement that includes the following language: *“The Town of Colma, including its officers, officials, employees, and volunteers, are insureds”*
3. A statement that includes the following language:
“The insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured’s scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.”
4. A statement that includes the following language:
“The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the Town.”

NOTE:

Within having “Any Auto” coverage, the Town will alternatively accept a Certificate stating “Scheduled Autos, Hired Autos, and Non-Owned Autos”.

3. **Workers' Compensation:** Workers' Compensation Insurance as required by the State of California and Employer's Liability Insurance of \$1,000,000 per accident for bodily injury or disease. All insurance carriers shall be rated A:VII or better and certificates **SHALL** be accompanied by the following endorsements:

A. **WORKERS' COMPENSATION INSURANCE ENDORSEMENT** containing the following specific components:

1. A waiver of subrogation clause which states the following:

"This insurance company agrees to waive all rights of subrogation against the Town of Colma, its officers, officials, employees, and volunteers for losses paid under the terms of this policy which arise from the work performed by the named insured for the Town."

2. The insurance policy number.

3. A statement that includes the following language:

"The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the Town."

NOTE:

a. Certificates issued by State Compensation Insurance Fund **must have** State Fund endorsement numbers 0015, 2065, and 2570 on them. Subcontractors performing work within the Town Right-of-Way, or for Contractor's working on behalf of the Town, shall either be included upon the Contractor's policies as insured's, or shall furnish separate certificates and endorsements to the Engineering Division. All coverage for subcontractors shall be subject to all of the insurance requirements stated previously herein for the Contractor, and shall be effective throughout the term of the permit.

The Town of Colma reserves the right to require more or less coverage than indicated above, and to reject any language or forms that do not meet the Town's requirements.