## COUNTY OF SAN BERNARDINO – SPECIAL DISTRICTS DEPARTMENT ROAD PERMIT SECTION 222 W. Hospitality Lane, 2<sup>nd</sup> FLOOR SAN BERNARDINO, CA. 92415-0450 (909)386-8821

## **APPLICATION FOR EXCAVATION PERMIT**

					DATE OF APPLICATION	
following work and ag		accordance with the rule			oad right-of-way by performing the the inspection and approval of the	
LOCATION OF WORK:						
	ADDRESS (IF	FAVAILABLE) S	TREET NAME (I	F MORE THAT C	ONE STREET, ATTACH LISTING)	
	HE STREET (N,S,E,W)	E	BETWEEN WHAT	INTERSECTING	STREETS	
AREA (CITY, VILLAGE, ETC.) ASSESSORS PARCEL NUMBER						
UTILITY: GAS	PHONE	ELECTRICAL _	ECTRICAL SEWER		WATER OTHER	
TOTAL LENGTH OF EXCAVATION	TOTAL WIDTH OF EXCAVATION	LINEAL FEET PAVEMENT CUT	CONDUIT MATERIAL	CONDUIT SIZE	WORK ORDER NUMBER	
ADDITIONAL REMARKS:  Person in Charge of Field Work: Telephone No						
Contractor's License Work Guaranteed B	Franchise	 Bond		Cash Deposit		
In consideration of the granting of this permit, Permittee agrees to indemnify County, its officers, agents, and employees against and hold them free and harmless of and from all claims, actions losses damages and/or liability arising out of any cause whatsoever including the acts, errors or omissions of any person in connection with work undertaken under this permit, and defend County (with Counsel acceptable to the County), its officers, commissions, agents and employees from any suits and/or causes of action at law or in equity. It is further agreed by Permitee to remove and/or relocate any or all of the road improvements constructed under this permit from the road right-of way within a reasonable period of time and upon written request from the County Road Department should it be determined that such encroachment interferes with the public's use of the road right-of-way or conflicts with future County road improvement projects.						
OFFICE USE ONLY		NAME	NAME OF PERMITTEE (PLEASE PRINT)			
APP./ISS. FEE INSPECTION FEE VIOLATION FEE TOTAL FEE			AUTHORIZED SIGNATURE OF APPLICANT			
CASH DEPOSIT			MAILING ADDRESS			
	#	CITY	ST	ATE Z	ZIP CODE	
CHARGE ACCT# ANNUAL PERMIT #		(ARE	(AREA CODE) PHONE NUMBER			
REV. 4/10						