



## City of San Bernardino

Public Works Department  
300 N. D Street  
San Bernardino, CA 92418  
(909) 384-7272

[pw-permits@sbcity.org](mailto:pw-permits@sbcity.org)

### Assigned Activity #

(Office Use Only)

**\*\* Right of Way \*\***

### Permit Application

#### \*\* General Information \*\*

Job Address / APN / Location: \_\_\_\_\_

Nearest Cross Street(s): \_\_\_\_\_

Purpose of Permit: \_\_\_\_\_

Utility (Circle):      Cable      Electric      Telephone      Gas      Sewer      Water      Other: \_\_\_\_\_

Work Order #: \_\_\_\_\_ Dates of Work: \_\_\_\_\_

Times of Work (If Different from Mon - Fri, 8am - 4pm, no Holiday/Wkends): \_\_\_\_\_

#### \*\* Lane / Road Closure \*\*

Lane Closure - # of Construction Days: \_\_\_\_\_ Lane Closure - # of Special Event Days: \_\_\_\_\_

Road Closure - # of Construction Days: \_\_\_\_\_ Road Closure - # of Special Event Days: \_\_\_\_\_

#### \*\* Excavation \*\*

Excavation - # of Days: \_\_\_\_\_ Total Length: \_\_\_\_\_ Total Width: \_\_\_\_\_

#### \*\* Encroachment \*\*

Encroachment Only, No Lane Closure - # of Days: \_\_\_\_\_ Permanent Encroachment (Y/N): \_\_\_\_\_

**24 Hour Notice Required Prior to Work Being Done Call (909) 384-7272**

#### Contractor Information (Please Print):

Company Name and Address: \_\_\_\_\_

Co. Phone # \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact Ph #: \_\_\_\_\_

City of SB Bus Lic # & Exp Date: \_\_\_\_\_ CSLB Lic #, Class & Exp Date: \_\_\_\_\_

General Liability Ins Co: \_\_\_\_\_ GL Policy #: \_\_\_\_\_ GL Policy Exp Date: \_\_\_\_\_

Applicant Name (Please Print): \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**Office Use Only: ( Do not Write Below This Line)**

Date: \_\_\_\_\_ ROW Permit # \_\_\_\_\_ On / Off-Site Permit # \_\_\_\_\_