



CITY OF SOUTH GATE  
PUBLIC WORKS DEPARTMENT  
ENCROACHMENT PERMIT APPLICATION  
PERMIT NUMBER: \_\_\_\_\_

**Company submitting the Encroachment Permit Application, performing permit work, and/or assisting with Traffic Control shall submit their company Business License (Issued by South Gate), Signed Hold Harmless, Insurance Certificate, Additional Insured Endorsement Document, and Letter of Authorization (from the property/utility owner).**

**A complete Encroachment Permit Application shall include the following items:**

- A. Encroachment Permit Application
- B. Business License from the City of South Gate
- C. Project Plans or Drawings
- D. Number of Work Days: \_\_\_\_\_
- E. Signed Hold Harmless Agreement
- F. Insurance Certificate with City of South Gate Additional Insured Endorsement
- G. Traffic Control Plans or California MUTCD is required for the following arterials:  
(varies depending on type of work that will be performed)

- |                   |                    |                    |
|-------------------|--------------------|--------------------|
| 1. Santa Ana St   | 6. Long Beach Blvd | 11. Rayo Ave       |
| 2. Firestone Blvd | 7. State St        | 12. Garfield Ave   |
| 3. Southern Ave   | 8. California Ave  | 13. Wright Road    |
| 4. Tweedy Blvd    | 9. Otis St         | 14. Paramount Blvd |
| 5. Imperial Hwy   | 10. Atlantic Ave   |                    |

If work is being performed within 50 feet of a street mentioned above Traffic Control or Per California MUTCD is required.

Traffic Control plans are required for any Street Closure or Alley Closure.

**\*\*\*Note: If Contractor (or subcontractor) is not identified on the Encroachment Permit at time of submittal to Public Works for review/approval. The Contractor, once selected to perform permit work, shall email Lorenzo Camargo at [Lcamargo@sogate.org](mailto:Lcamargo@sogate.org) a valid Business License issued by South Gate, Signed Hold Harmless, Additional Insured Endorsment, Letter of Authorization and a copy of the approved Encroachment Permit.**

**\*\*\*All items need to be submitted before a preconstruction meeting will be scheduled.\*\*\***



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Fill in ALL Blanks. If not applicable, write "N/A"

Is this Encroachment Application for a Proposed Wireless Cell Antenna?    Yes            No  
Is there an Existing Cell Site?    Yes            No  
Is the cell site a Microcell            or Macrocell

**PROPERTY/UTILITY OWNER:** \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CONSULTING/DESIGN FIRM:** \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CONSTRUCTION CONTRACTOR:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contractors License: \_\_\_\_\_ License Expiration Date \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SUB CONTRACTOR:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contractors License: \_\_\_\_\_ License Expiration Date \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address/Intersection of Work: \_\_\_\_\_  
Work Description: \_\_\_\_\_  
\_\_\_\_\_

Removing and Replacing Existing Infrastructure    Yes            No            Full Street Closure:    Yes            No  
Adding to Existing Infrastructure    Yes            No            Partial Street Closure:    Yes            No  
New Infrastructure    Yes            No  
Excavation: Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_            Boom Truck Required:    Yes            No  
Power Pole Number(s): \_\_\_\_\_, \_\_\_\_\_            Dimensions of Boom Truck: Width \_\_\_\_\_ Length \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

**24 Hour Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_



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*For office use only. Please leave blank.*

**Contact Lorenzo Camargo, Engineering Technician, at [Lcamargo@sogate.org](mailto:Lcamargo@sogate.org) at least 48 hours prior to starting work and to schedule a site meeting.**

**Lorenzo Camargo, Engineering Technician; [Lcamargo@sogate.org](mailto:Lcamargo@sogate.org); Phone: (323) 563-9594**

Conditions of Approval and all other attachments are a part of this permit.

**FEES & CONDITIONS:**

FEE DESCRIPTION

FEE CALCULATION

AMOUNT

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL PERMIT FEES:**

**AUTHORIZATION:**

This permit authorizes only that work described above. All modifications to this permit must be approved in writing prior to construction.

I/we hereby acknowledge that I/we agree to abide by all conditions and specifications of this permit.

Authorization of work on this Encroachment Permit does not automatically constitute approval of future Encroachment Permits associated to work identified on this permit application.

Signature: \_\_\_\_\_

Authorized Agent of Permittee

Date

Print Name

**PERMIT START DATE:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**PERMIT EXTENSION DATE:** \_\_\_\_\_ **EXTENSION AUTHORIZED BY:** \_\_\_\_\_

Issued by Public Works Department: \_\_\_\_\_ Date: \_\_\_\_\_