



PERMITS/OPERATIONS SUPPORT DIVISION

County of San Bernardino
 Department of Public Works
 825 East Third Street, Room 108
 San Bernardino, California 92415-0835
 FAX: 909-387-1858

Questions?
 Brenda Hartmann 909-387-8012
Alternates
 Brad Mecham 909-387-7808
 Melissa Walker 909-387-7995

REQUEST FOR PROPOSAL – MATERIAL REMOVAL

Facility name: _____

Date: _____ City: _____ Facility No: _____ Proposal No: _____

Location: _____

Special Requirements: _____

- Terms and Conditions of this project are governed by the permit between the Permittee and the District and shall not be altered without written approval from the District.
- A **mandatory** pre-proposal job walk at the site will be scheduled prior to proposal date.
- Please fax your response to (909) 387-1858.
- Proposal responses not received by the deadline will be deemed non-responsive.
- Please direct questions regarding this proposal or fax transmission to the above noted Contact.
- General Permit Provisions can be found at www.sbcounty.gov/dpw/floodcontrol/soilremoval.asp
- Permittee shall be responsible for all material. (sand, cobble, rock, debris, etc.)
- City haul route approval and/or permits may be required – contact affected local agency.
- A non-refundable filing fee and inspection fee will apply to any issued permit.

Proposal Due Date: _____ **Time:** 10:00 am PST Decline to Submit

Requested Quantity (in CY): _____ Monthly Rate of Removal: _____

Proposed Start Date: _____ Approximate End Date: _____

Proposed Price (per CY): _____

Please use a separate sheet for additional proposal considerations.

Screen Requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Please note: Separate approval from any affected city shall be required for screening/crushing activities)
Crusher Requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please Note: Proposal Opening Results and Awarded Permittee shall be notified within 7 business days, but not necessarily at the close of the Proposal Opening.

Company Name: _____

_____ Address _____ Phone Number _____

_____ Signature _____ Print Name _____ Date _____