



COUNTY OF SAN BERNARDINO – DEPARTMENT OF PUBLIC WORKS
 ROAD PERMIT SECTION
 825 E. THIRD STREET ROOM 108
 SAN BERNARDINO, CA. 92415-0835
 (909)387-1863

APPLICATION FOR ANNUAL PERMIT

CHARGE ACCOUNT

The undersigned hereby applies for permission to excavate, and/or otherwise encroach on County Road right-of-way by performing the following work and agrees to do the work in accordance with all applicable laws and regulations and subject to the approval of and the inspection by the San Bernardino County Department of Public Works-Permits/Operations Support Division-Transportation.

TYPE OF WORK: Please check off appropriate box.

UTILITY POLES Annual Pole Maintenance is valid only for maintenance and repairs to existing utility poles which includes and is limited to the following: replacement/repairs of existing utility poles; existing overhead line work (transformer replacement, fuse replacement, cut-over, reconductor, etc.), street light repair and/or replacement; and inspections of overhead facilities.

Any maintenance or repairs that involve trenching will not be permitted under this annual permit; a standard permit will be required with applicable fees.

EXCAVATION Annual permit is valid only for the installation of "New Service Connections" and to initiate "Emergency Repairs" to a damaged existing facility. "Emergency Repairs" as defined in Section 4216, Sub-Section d of the Government Code is as follows: "Emergency" means a sudden, unexpected occurrence, involving a clear and imminent danger, demanding immediate action to prevent or mitigate the loss of, or damage to, life, health, property, or essential public services. "Unexpected Occurrence" includes, but is not limited to, fires, floods, earthquakes, or other soil or geological movements, riots, accidents, damage to a subsurface installation requiring immediate repair, or sabotage.

OTHER Describe work:

Note: Hard road closures are not permitted under the annual permit. A standard road closure permit will be required with applicable fees.

UTILITY: GAS _____ PHONE _____ ELECTRICAL _____ SEWER _____ CATV _____ WATER _____

Contact Person: _____ Telephone No. _____

Contact email address: _____

Work Guaranteed By: Resolution _____ Franchise _____ Bond _____ Cash Deposit _____

NAME OF PERMITTEE (UTILITY PURVEYOR-PLEASE PRINT)

AUTHORIZED SIGNATURE _____ DATE _____

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____

(AREA CODE) _____ PHONE NUMBER _____