

CITY OF COLTON
PUBLIC WORKS DEPARTMENT
ENGINEERING DIVISION

APPLICATION FOR STREET IMPROVEMENT PERMIT

DATE: _____ ANTICIPATED START OF CONSTRUCTION: _____

SITE ADDRESS: _____ PLAN CHECK No. _____

APPLICANT _____ PHONE No. _____

ADDRESS _____ FAX NO. _____

The undersigned hereby applies for a permit to work within the City of Colton right of way adjacent to the above-noted location, for the purposes of constructing street improvements as directed/approved by the City of Colton.

I agree to comply with all provisions of City Resolution No. 1520, and the current amendments thereto, and to pay all applicable Fees. I further agree to repair or replace any City appurtenances which may be damaged as a result of any work accomplished under authority of a permit issued on the information listed below.

Signature of Applicant's Authorized Agent

FEE CALCULATION:	<u>Items to be removed & replaced or installed within public right of way:</u>		
Residential Driveways	\$ 50.00 Each	X _____	= \$ _____
Commercial Driveways	\$ 60.00 Each	X _____	= \$ _____
Cross Gutter, Spandrel	\$ 45,00 Each	X _____	= \$ _____
Curb & Gutter	\$ 30.00 + \$0.25 Per L.F.	X _____	= \$ _____
Sidewalks	\$ 30.00 + \$0.05 Per S.F.	X _____	= \$ _____
Manholes, Cleanouts, Catch Basins,	\$ 40.00 Each	X _____	= \$ _____
Asphalt Berms	\$ 30.00 + \$0.25 Per L.F.	X _____	= \$ _____
Asphalt Pavement	\$ 35.00 + \$0.05 Per S.F.	X _____	= \$ _____
Handicap Ramp	\$ 55.00 Each	X _____	= \$ _____
Miscellaneous Items _____		X _____	= \$ _____

TOTAL AMOUNT DUE = \$ _____

WORK PERFORMED BY:

- PROPERTY OWNER* ***Required for All Applications
- CONTRACTOR** *Must Supply Information Requested Below

Permit No. & Date Issued

CONTRACTOR _____ City Business License # _____

ADDRESS _____ Contractor's License # _____

USA No.*** _____

CONTACT PERSON (Office) _____ (Field) _____

INSURANCE REQUIREMENTS: *Current copy of Homeowners Policy
**Current Certificate of Insurance General Liability minimum \$1,000,000 with City of Colton named as "additional insured"

REFUNDABLE DEPOSIT:

A refundable deposit based upon the cost of improvements (Minimum \$250) is required. A written request for a Refund of Deposit may be submitted upon final approval of improvements. Fee Schedule is available