



**City of San Diego
Development Services**
1222 First Ave., MS-302
San Diego, CA 92101

Supplemental Right-of-Way Permit Application

**FORM
DS-3037**

APRIL 2018

Project Address/Location: _____ **Project No.:** _____

Contractor Name: _____ **Telephone:** _____ **Fax:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____ **E-mail Address:** _____

State License No.: _____ **License Class:** _____

*** Licensed Contractor's Declaration:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Print Name: _____ **Date:** _____

Contractor Signature or authorized agent: _____

Insurance Requirements: I hereby affirm under penalty of perjury one of the following declarations:

a. I have and will maintain in full force and effect, throughout the term of the Public Right-of-way Permit, an insurance policy or policies issued by an insurance company or companies covering all operations, vehicles, and employees, as required by Section 62.1214 of the Municipal Code, as follows:

____ (initial) Commercial general liability insurance with a combined single limit of not less than \$1,000,000 per occurrence for bodily injury and property damage, including contractual liability; personal injury; explosion, collapse and underground products; and completed operations;

____ (initial) Contractors pollution liability insurance, on an occurrence form, with a combined single limit of not less than \$1,000,000 per occurrence for bodily injury and property damage and any deductible not to exceed \$25,000 per occurrence.

My liability insurance carrier and policy number are:

Insurance Carrier: _____ **Policy No.:** _____ **Expiration Date:** _____

Name of Agent: _____ **Phone No.:** _____

b. I certify that I am self-insured and have attached a bond or other form of surety which meets the insurance requirements of Section 62.1214 of the Municipal Code. (Requires review and signature by the City Attorney's Office)

Print name: _____

Contractor Signature or authorized agent: _____

Date: _____

<p>FOR DEPARTMENT USE ONLY Required if box b, is checked.</p> <p>APPROVED</p> <p>_____</p> <p style="text-align: center;">City Attorney Signature</p> <p>_____</p> <p style="text-align: center;">Print Name</p> <p>_____</p> <p style="text-align: center;">Date</p>
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