

FORM

**DS-3037**

March 2023

# Supplemental Right-of-Way Permit Application

1. **Project Address/Location:** \_\_\_\_\_ **Project Number:** \_\_\_\_\_

2. **Permit Holder:** This is the property owner, person or entity that is granted authority by the property owner to be responsible for scheduling inspections receiving notices of failed inspections, permit expirations or revocation hearings and who has the right to cancel the approval (in addition to the property owner) [San Diego Municipal Code \(SDMC\) §113.0103](#).

Name:

E-mail:

\_\_\_\_\_

\_\_\_\_\_

Address:

City:

State:

Zip Code:

Telephone:

\_\_\_\_\_

\_\_\_\_\_

3. **Contractor:** All construction work in the City Public Right-of-Way shall be performed by a contractor licensed by the State of California with a qualified classification in accordance with the [Department of Consumer Affairs Contractors State License Board](#).

Sub-Contractors shall be identified below in accordance with [SDMC §129.0101](#). For more information click [here](#).

Contractor Name:

E-mail:

\_\_\_\_\_

\_\_\_\_\_

Address:

City:

State:

Zip Code:

Telephone:

\_\_\_\_\_

\_\_\_\_\_

State License No.:

License Class:

\_\_\_\_\_

\_\_\_\_\_

Sub-Contractor Name:

E-mail:

\_\_\_\_\_

\_\_\_\_\_

Address:

City:

State:

Zip Code:

Telephone:

\_\_\_\_\_

\_\_\_\_\_

State License No.:

License Class:

\_\_\_\_\_

\_\_\_\_\_

4. **Inspection Point of Contact (To schedule inspections, Inspection Point of Contact must have a Development Services account - [register here](#)):**

Name:

E-mail:

\_\_\_\_\_

\_\_\_\_\_

Address:

City:

State:

Zip Code:

Telephone:

\_\_\_\_\_

\_\_\_\_\_

5. **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: \_\_\_\_\_

**6. 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 [SDMC §62.1214](#), 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, 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 SDMC §62.1214. (Requires review and signature by the City Attorney's Office)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Signature or authorized agent: \_\_\_\_\_

<p><u>FOR DEPARTMENT USE ONLY</u></p> <p><b>Required if box b, is checked.</b></p> <p><b>APPROVED</b></p> <p>_____</p> <p>City Attorney Signature</p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Date</p>
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Reference Table
<ul style="list-style-type: none"><li>• <a href="#">San Diego Municipal Code (SDMC)</a></li><li>• <a href="#">Business and Professions Code</a></li></ul>