CITY OF WILLCOX ARIZONA

Public Works Department
101 South Railroad Avenue, Willcox AZ 85643
Phone: 520.766.4211 ❋ Fax: 520.384.2590 ❋
PWPermit@willcox.az.gov

ENCROACHMENT PERMIT APPLICATION

DEVELOPMENT PROJECT (PEN) # (if applicable)**:** _____ **MAP #** (if applicable)**:** _____

TYPE: [ ] Place-Holder Only (Not for Construction – describe below) [ ] Miscellaneous (describe below – **required**)
Utility Work Order #: _____

I HEREBY APPLY TO EXCAVATE, CONSTRUCT, INSTALL OR OTHERWISE ENCROACH WITHIN PUBLIC RIGHT-OF-WAY OR UTILITY EASEMENT AS FOLLOWS:

_____
_____
_____
_____
_____
_____
_____
_____
_____

DURATION (# OF WORKING DAYS): _____ (Mon.–Thur. only, Fri. by Appointment) **# OF HOURS (IF ONLY 1 DAY):** _____

EVENING WORK REQUIRED? [ ] YES [ ] NO **DATE(S):** _____ **HOURS** (##–##pm)**:** _____
If ***yes***, provide the equipment to be utilized and potential noise level: _____
_____

WEEKEND WORK REQUIRED? [ ] YES [ ] NO **DATE(S):** _____ **# OF HOURS** (limited to 7am–4pm)**:** _____

QUANTITIES MUST MATCH ANY APPLICABLE CONSTRUCTION DRAWING:

SIDEWALK / CURB & GUTTER _____ LF	**CURB CORE DRAIN** (#) _____	**PARKWAY DRAIN** (#) _____
EXCAVATION (Crossing)◆ _____ LF	**EXCAVATION** (Parallel)◆ _____ LF	**DRIVEWAYS** (#) _____
◆ **Only surface trenching (do not include boring)**	**ANY POTHOLES** (#) _____	**BORE / SPLICE PITS** (#) _____

LOCATION OF WORK [i.e. *W/S of Arizona Ave. S/S of Maley St.*] – **do not** provide a street address**:**
_____
_____
_____
_____

In consideration of the granting of this permit, all applicants (including utility companies) hereby agree to:

1. Indemnify, defend and hold harmless the City, and each of their officers, officials, employees, agents and volunteers, which is incorporated into and part of the Encroachment Permit Application and the Encroachment Permit, itself.
2. Submit a complete Certificate of Liability Insurance (COI) with all the required additional insured endorsements only for the designated "*permit signer*" per **Exhibit "A"** (attached).
3. Remove or relocate any encroachment installed or maintained under this permit, upon written notice from the City.
4. Maintain a copy of the issued permit at the work site and made available to any authorized City representative upon request.
5. Request a **pre-construction meeting** via email (PWPermit@willcox.az.gov) prior to beginning any construction within public right-of-way**.** The applicant, developer, contractor and/or owner will be responsible for the timely request of inspections.

LIABILITY INSURANCE REQUIREMENTS

The designated **"***permit signer***"**, whether the property owner, developer, general contractor, or the public utility/franchise shall pay for and maintain in full force and effect all insurance as required in **Exhibit "A"**, which is incorporated into and part of the Encroachment Permit Application and Encroachment Permit, itself. The *permit signer* shall be responsible for ensuring that all subcontractors are properly insured.

- Residential property owners applying as *"owner-builder"* may provide their homeowner's insurance *"in-lieu"* of the listed requirement.

❋ ❋ ❋ **ALL APPLICABLE INFORMATION BELOW MUST BE PROVIDED** ❋ ❋ ❋

PROPERTY OWNER / DEVELOPER / UTILITY

[ ] OWNER / BUILDER

CONTACT: _____ COMPANY (if applicable): _____

OFFICE #: _____ MOBILE #: _____ EMAIL: _____

MAILING ADDRESS (include City, State, Zip): _____

GENERAL CONTRACTOR

[CLASS "B" LICENSE ALONE CANNOT WORK WITHIN PUBLIC RIGHT-OF-WAY]

CONTACT: _____ COMPANY (if applicable): _____

OFFICE #: _____ MOBILE #: _____ EMAIL: _____

MAILING ADDRESS (include City, State, Zip): _____

STATE CONTRACTOR'S LICENSE #: _____ CLASS: _____ CITY BUSINESS LICENSE #: _____

APPLICANT

SAME AS: [ ] OWNER / DEVELOPER / UTILITY [ ] GENERAL CONTRACTOR

CONTACT: _____ COMPANY (if applicable): _____

OFFICE #: _____ MOBILE #: _____ EMAIL: _____

MAILING ADDRESS (include City, State, Zip): _____

WHO WILL BE THE DESIGNATED *PERMIT SIGNER*? [ ] APPLICANT [ ] GENERAL CONTRACTOR [ ] OWNER / DEVELOPER / UTILITY

_____ _____

Signature Date

_____

Print Name

The City of Willcox, require the following minimum limits of insurance:

1) General Liability insurance with limits of not less than $1,000,000 for bodily injury and property damage; $1,000,000 for personal and advertising injury; $2,000,000 products and completed operations aggregate; and $2,000,000 general aggregate.
2) Auto Liability insurance endorsed for "any auto" with limits of liability of not less than $1,000,000 per accident for bodily injury and property damage.
3) Workers' Compensation insurance as required by law.
4) Employer's Liability insurance with limits of liability of not less than $1,000,000, each accident; $1,000,000 disease each employee; and $1,000,000 disease policy limit.

In addition, the City of Willcox, require the following as evidence of insurance:

5) A certificate of insurance, which reads: "*The City of Willcox, and each of their officers, officials, employees, agents and volunteers are additional insured's as respects to General Liability and Auto Liability insurance. This insurance is primary, and our obligations are not affected by any other insurance carried by such additional insured whether primary, excess, contingent, or on any other basis. Waiver of subrogation for Workers' Compensation and Employer's Liability insurance as respects to the City of Willcox and each of their officers, officials, employees, agents and volunteers.*"
   a. Certificate holder should appear as follows: *City of Willcox 101 South Railroad Street, Willcox, AZ 85643*
6) An Additional insured endorsement, with primary and non-contributory language or a primary insurance endorsement, for General Liability insurance. The additional insured endorsement(s) should extend to both ongoing operations and completed operations. The additional insured should read: "*The City of Willcox and each of their officers, officials, employees, agents and volunteers.*"
   a. Examples of primary insurance language are "*Such insurance as is afforded by the policy is primary and any other insurance shall be excess and not contribute to the insurance afforded by this endorsement*" and "*This insurance is primary, and our obligations are not affected by any other insurance carried by such additional insured whether primary, excess, contingent, or on any other basis*".
7) An Additional insured endorsement for Auto Liability insurance. The additional insured endorsement should read: "*The City of Willcoxy and each of their officers, officials, employees, agents and volunteers.*"
8) A Waiver of Subrogation endorsement for Workers' Compensation and Employer's Liability insurance as respects to the City of Willcox and each of their officers, officials, employees, agents and volunteers.

ENCROACHMENT PERMIT — LIST OF SUBCONTRACTORS

[A CLASS "A" OR APPLICABLE "C" LICENSE REQUIRED] — [A VALID CITY BUSINESS LICENSE IS REQUIRED FOR EACH]

Business Name / Type of Work:		
Contact Name:	Email:	Mobile #:
State Contractor's License #:	Class:	City Business License #:
Business Name / Type of Work:		
Contact Name:	Email:	Mobile #:
State Contractor's License #:	Class:	City Business License #:
Business Name / Type of Work:		
Contact Name:	Email:	Mobile #:
State Contractor's License #:	Class:	City Business License #:
Business Name / Type of Work:		
Contact Name:	Email:	Mobile #:
State Contractor's License #:	Class:	City Business License #:
Business Name / Type of Work:		
Contact Name:	Email:	Mobile #:
State Contractor's License #:	Class:	City Business License #:
Business Name / Type of Work:		
Contact Name:	Email:	Mobile #:
State Contractor's License #:	Class:	City Business License #:
Business Name / Type of Work:		
Contact Name:	Email:	Mobile #:
State Contractor's License #:	Class:	City Business License #:
Business Name / Type of Work:		
Contact Name:	Email:	Mobile #:
State Contractor's License #:	Class:	City Business License #:
Business Name / Type of Work:		
Contact Name:	Email:	Mobile #:
State Contractor's License #:	Class:	City Business License #:
Business Name / Type of Work:		
Contact Name:	Email:	Mobile #:
State Contractor's License #:	Class:	City Business License #:
Business Name / Type of Work:		
Contact Name:	Email:	Mobile #:
State Contractor's License #:	Class:	City Business License #:
Business Name / Type of Work:		
Contact Name:	Email:	Mobile #:
State Contractor's License #:	Class:	City Business License #:
Business Name / Type of Work:		
Contact Name:	Email:	Mobile #:
State Contractor's License #:	Class:	City Business License #: