



San Dimas Public Works Department
245 East Bonita Ave
San Dimas, CA 91773
Monday – Thursday, 7:30 a.m. – 5:30 p.m.
Friday, 7:30 a.m. – 4:30 p.m.
publicworks@sandimasca.gov
909-394-6240

OFFICE USE ONLY

PWE _____ - _____

☐ N.P.D.E.S. B.M.P. REQUIRED

ENCROACHMENT PERMIT APPLICATION

APPLICANT

NAME _____

ORGANIZATION _____ BUSINESS LICENSE NO. _____

ADDRESS _____ SUITE _____

CITY _____ ST _____ ZIP _____

PHONE _____ EMAIL _____

CONTRACTOR

ORGANIZATION _____ BUSINESS LICENSE NO. _____

CSLB LICENCSE NO. _____ CLASS ("A" or Applicable "C" ONLY) _____ - _____ - _____

CONTACT _____ PHONE _____ EMAIL _____

ADDRESS _____ SUITE _____

CITY _____ ST _____ ZIP _____

PROJECT INFORMATION

LOCATION _____ PROJECT ID (Optional) _____

PROPERTY OWNER (If Applicable): _____

PHONE _____ EMAIL _____

PROPOSED WORK: _____

PROPOSED START DATE: _____ PROPOSED END DATE: _____

NUMBER OF WORKING DAYS: _____ PROPOSED HOURS: _____

CHECK ALL THAT APPLY:

☐ COMMUNICATIONS _____ L.F.

Provide:

- Pole Load Calculations
- JPA or SCE authorization letter to access structures

☐ CONTAINER/DUMPSTER

Must be obtained from Waste Management

Dimensions: _____

Date(s): _____

☐ CRANE _____ Days

Provide Crane Certification

☐ CURB & GUTTER _____ L.F.

☐ CURB CORE _____ Qty

☐ DRAINAGE STRUCTURE _____ Qty

☐ DRIVE APPROACH

Existing: _____ S.F.

Proposed: _____ S.F.

☐ EXCAVATION, LINEAR _____ L.F.

☐ Trench

☐ Bore

☐ Other: _____

☐ EXCAVATION, PIT/PULL BOX _____ Qty

Pullboxes/Handholes shall be reinforced concrete or Polymer-Concrete with ANSI Tier 22 (20k) box and cover

☐ MANHOLE ADJUSTMENT _____ Qty

☐ PAVING

☐ A.C. _____ S.F.

☐ P.C.C. _____ S.F.

☐ POLE REPLACEMENT _____ Qty

☐ POWER OUTAGE

☐ Traffic Signals Affected _____ Qty

☐ SEWER CONNECTION

Dwelling Units: _____ Qty

Lot Width (Front): _____ Ft

☐ New Installation _____ Qty

☐ Replace/Improve Existing _____ Qty

☐ SIDEWALK

☐ New Installation _____ S.F.

☐ Replace Existing _____ S.F.

☐ TRAFFIC CONTROL

Must comply with CA M.U.T.C.D.

☐ Road Closure

- Requires notification of closure to affected residents a minimum of 10 days prior to start of work
- Provide Draft Closure Notice

☐ OTHER: _____

