

CITY OF YUCAIPA
PUBLIC WORKS DEPARTMENT



**APPLICATION FOR CONSTRUCTION IN THE
RIGHT-OF-WAY PERMIT**

(Please type or print clearly using ink.)

**City Hall Business Hours: Monday-Thursday 7:30 a.m. to 5:30 p.m.
Alternate Fridays 8:00 a.m. to 5:00 p.m.**

Applicant Information

Contractor: _____ Business Telephone: _____ Business Fax: _____

Contractor's Address: _____ Emergency Telephone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Contact Person: _____ Contact Telephone: _____ Contact Cell Phone: _____

Contractor's License Number: _____ Expiration Date: _____ Business License Number: _____ Expiration Date: _____

Property Owner or Developer: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Permit Information

Project Address, Tract, DRC, CUP, or Parcel Map: _____

Cross Street – From: _____ Cross Street – To: _____

Drawing or Work Order Number: _____ Estimated Start Date: _____ Estimated End Date: _____

D.I.S. "Permit to Excavate": _____ USA Dig-Alert Number: _____

Curb & Gutter Curb Core Drive Approach Cable T.V. Trench

Gas Verizon SCE Other: _____

Applicant's Signature: _____ Date: _____

Instructions

- Incomplete applications are not accepted
- Provide two sets of approved plans or drawings with this application
- Allow a minimum of two full working days for processing
- Contractor must provide insurance papers naming the City as Additional Insured with an Additional Insured Endorsement and Worker's Compensation Insurance.