



901227876

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS ROAD PERMIT APPLICATION

Pre-inspection Request
R.F.S. #: _____

DATE: 3/13/14 SUBDIVISION ID NO. (DS - PC - PM - TR) _____

PLEASE PROVIDE ALL INFORMATION REQUESTED ON THIS FORM.
COMPLETE PERMIT APPLICATION PACKAGES WILL BE PROCESSED IN THE ORDER RECEIVED.
THE OMISSION OF ANY REQUESTED INFORMATION MAY RESULT IN PERMIT PROCESSING DELAY.

OWNER/APPLICANT: Leticia Conrad/SCE PHONE: (310)608-5162
eDAPTS PROFESSIONAL ID _____ PRINT NAME SIGNATURE (REQUIRED) *[Signature]*

COMPANY NAME Southern California Edison
ADDRESS: 298 Kansas Redlands 92373
STREET CITY ZIP CODE

FAX: (310)608-5033 CELL: () EMAIL ADDRESS: Leticia.conrad@sce.com

hereby makes application to perform work within the Public Highway at the following described locations, subject to the provisions required by the Highway Permit Ordinance (Division 1 of Title 16 Los Angeles County Code) as amended or the Municipal Code and city ordinance of the city for which this permit is issued, the attachments hereon specified, AND THE SPECIFIED REQUIREMENTS INDICATED ON THE REVERSE SIDE. In consideration of the granting of this permit, it is agreed by the applicant that the County of Los Angeles and the city wherein the permit work is to be performed and any of the officers or employees, thereof, shall be saved harmless by the applicant from any liability or responsibility for any accident, loss or damage to persons or property, happening or occurring as the proximate result of any of the work undertaken under the terms of this application and the permit or permits which may be granted in response thereto, and that all of said liabilities are hereby assumed by the applicant. It is further agreed that if any part of the work, authorized by this permit, interferes with the future use of the highway by the general public, it must be removed or relocated as designated by the Road Commissioner or Director of Public Works at the sole expense of the permittee or its successor in interest. This permit is void if the permittee is not in compliance with Section 3800 of the labor code. **IT IS FURTHER AGREED THAT THE OWNER/APPLICANT IS THE FINANCIALLY RESPONSIBLE PARTY FOR ALL FEES, DEPOSITS, CHARGES, COLLECTIONS AND REFUNDS, REGARDLESS IF PAYMENT IS MADE BY OTHERS.**

AGENT CONTRACTOR CONSULTANT CONTACT OTHER _____
(626)683-4000

PRINT NAME _____ PHONE: _____
COMPANY NAME Ameron International (SCE Contractor)
ADDRESS: 245 South Los Robles Ave Pasadena 91101
STREET CITY ZIP CODE
FAX: (310)608-5033 CELL: () EMAIL ADDRESS: Leticia.conrad@sce.com

SITE ADDRESS: 7623 Somerset Blvd ASSESSOR'S PARCEL NO.: _____
CITY: Paramount THOMAS GUIDE PAGE & GRID 735:G4

LOCATION DESCRIPTION: W/O Illinois Ave E/O Minnesota Ave, N/S of Somerset Blvd
SCOPE OF WORK: Need to replace concrete streetlight pole knocked down by car. Structure: 4723871E
Excavation 2X2. Will close one lane to Encroach.

PLEASE COMPLETE THE FOLLOWING WHERE APPLICABLE

PERMITTEE WORK ORDER NO.: 901227876 USA "DIG ALERT" NO.: _____
Customer/Vendor ID Number _____ Address ID Number _____
PIPE OR CONDUIT MATERIAL TYPE: _____ SIZE: _____ LENGTH: _____
EXCAVATION LENGTH: _____ WIDTH: _____ TYPE OF SURFACE: _____

PERMIT TYPE:		FOR LOS ANGELES COUNTY PERMIT OFFICE USE ONLY	
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> ENCROACHMENT	<input type="checkbox"/> ENCROACHMENT ANNUAL	<input type="checkbox"/> EXCAVATION
<input type="checkbox"/> EXCAVATION ANNUAL			
ISSUANCE FEE: \$ _____ (Non-Refundable)	DATE RECEIVED: _____		
PROCESSING FEE: \$ _____ (Non-Refundable)	RECEIVED BY: _____		
PLAN CHECK: \$ _____ (Calculated Fee or Actual Cost Deposit)	PERMIT TRACKING NO: _____		
INSPECTION: \$ _____ (Calculated Fee or Actual Cost Deposit)	PERMIT WRITER: _____		
SECURITY DEPOSIT: \$ _____ (Refundable upon completion of work)	DATE APPROVED FOR ISSUANCE: _____		
TOTAL: \$ _____	Payment Type: CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/>	# Approved by _____	



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LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS

Acknowledgement Best Management Practices (BMP) Attachment

DATE: 3/13/14 PERMIT NO. _____

OWNER/APPLICANT: Leticia Conrad/SCE PHONE: (310)608-5162
PRINT NAME WET SIGNATURE (REQUIRED)

ADDRESS: 298 Kansas Redlands 92373
STREET CITY ZIP CODE

FAX: (310)608-5033 CELL: () EMAIL ADDRESS: Leticia.conrad@sce.com

AGENT/CONTACT: Leticia Conrad/SCE PHONE: (310) 608-5162
PRINT NAME WET SIGNATURE (REQUIRED)

ADDRESS: 298 Kansas Redlands 92373
STREET CITY ZIP CODE

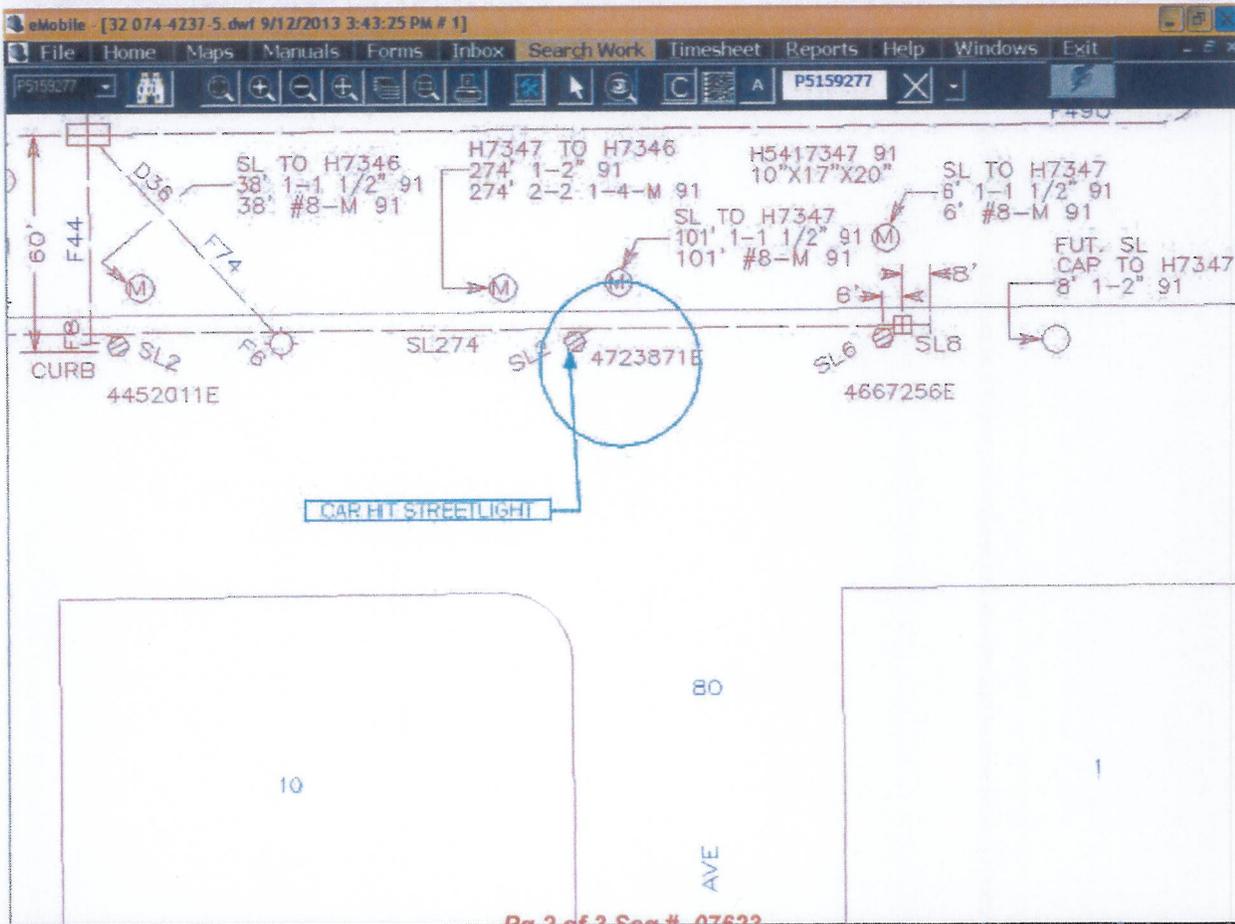
FAX: (310)608-5033 CELL: () EMAIL ADDRESS: Leticia.conrad@sce.com

hereby acknowledges reading, understanding, and agreeing to comply with the Best Management Practices (BMP) Attachment in accordance with Los Angeles County Code Chapter 12.80 Stormwater and Runoff Pollution Control.

SITE ADDRESS: 7623 Somerset Blvd Paramount 90723
Street City Zip Code

NEAREST INTERSECTION: In between Illinois and Minnesota THOMAS GUIDE: 735:G4

PLEASE SUBMIT THIS DOCUMENT WITH THE APPLICATION



Approved by
City of Paramount
City Engineer

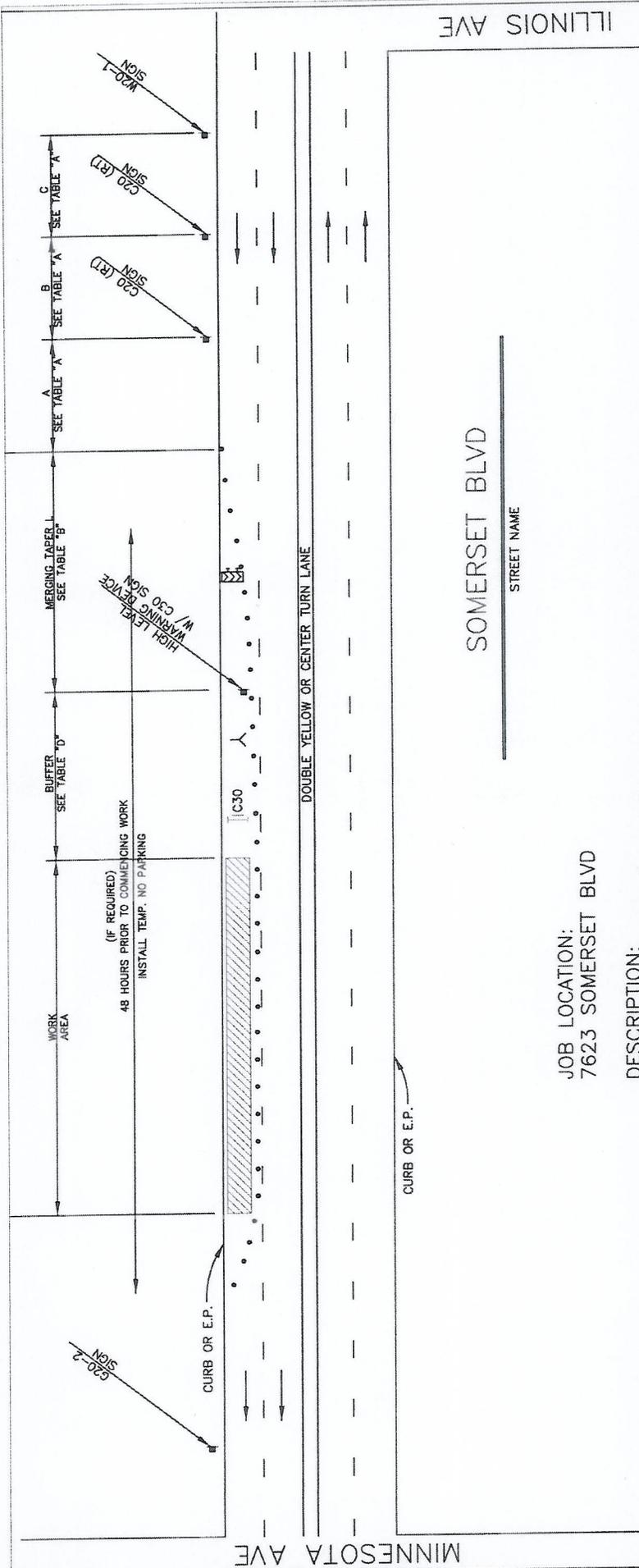
W. Rayett
City Engineer

3/13/14
Date



Approved by
City of Paramount
City Engineer
W. J. Jett
City Engineer

3/13/14
Date

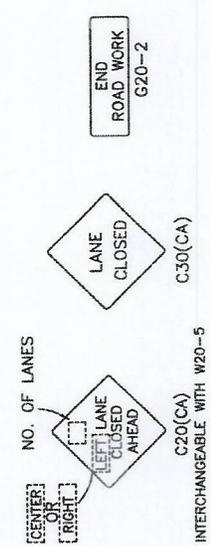
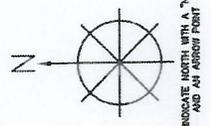


SOMERSET BLVD
STREET NAME

JOB LOCATION:
7623 SOMERSET BLVD

DESCRIPTION:
REPLACING CONCRETE STREETLIGHT POLE KNOCKED DOWN BY CAR
STRUCTURE 4723871E
EXCAVATION 2X2 WILL CLOSE ONE LANE TO ENCROACH
TRUCKS WILL BE PARKED ON N/S OF SOMERSET BLVD
WOULD LIKE TO REPLACE ASAP FOR PUBLIC SAFETY
THOMAS GUIDE: 735:G4

- LEGEND**
- TYPE III BARRICADE W/SIGN
 - TYPE II BARRICADE W/O SIGN
 - 28"(11cm) TRAFFIC CONES W/1.5"(5cm) REFLECTIVE SLEEVE FOR DAY/NIGHT USE OR DELINEATORS IF DAY USE ONLY
 - TRAFFIC CONE WITH CLIP ON SIGN
 - PROPOSED SIGN AND POST
 - EXISTING SIGN AND POST
 - SIGNALIZED INTERSECTION
 - FLASHING ARROW SIGN
 - HIGH LEVEL WARNING DEVICE WITH SIGN
 - FLAGGER
 - TANS TOW AWAY NO STOPPING _____ TO _____ (SHOW HOURS)
 - TANSAT TOW AWAY NO STOPPING ANY TIME
 - WORK ZONE LIMITS
 - DIRECTION OF TRAFFIC
 - ROADWAY DESIGNATION (A THROUGH D)



DATE OF TEMPORARY NO PARKING ZONE

901227876	
WORKSITE TRAFFIC CONTROL PLAN SINGLE LANE CLOSURE (RIGHT LANE)	
DATE 3-7-14	SCALE SCE
NO. OF LANES [CENTER] OR [RIGHT]	NO. OF LINES
NO. OF LANE CLOSED AHEAD	NO. OF LANE CLOSED AHEAD
NO. OF LANE CLOSED AHEAD	NO. OF LANE CLOSED AHEAD
NO. OF LANE CLOSED AHEAD	NO. OF LANE CLOSED AHEAD

Approved by
City of Paramount
City Engineer
W. Fogel
Date
3/13/14

