



REQUIREMENTS FOR OBTAINING GRADING AND CONSTRUCTION PERMITS

Public Works/Engineering Department

In order to obtain a grading or a construction permit, the contractor shall provide the following, along with an **Engineering Permit Application(Construction/Grading or Encroachment)**:

1. **State Contractor's License:** A copy of the appropriate license shall be submitted to the Public Works Department. (Not required for Grading Permits when owner-builder is grading their site)
2. **City Business License:** Proof of Business License.
3. **Certificate of Insurance:** Proof of General Liability and Automotive Liability (\$1,000,000.00 coverage for each) shall be submitted to the Public Works Department. The City of Wildomar shall be named as Certificate Holder and Additional Insured with Additional Insured Endorsement for General Liability (**See Sample 1**). Certificate of Insurance along with the Endorsement **shall be provided directly from the Insurance Company.** (**See Sample 2**)
4. **Underground Service Alert Permit/Ticket:** (1-800-227-2600 or 811) USA # required.
5. **CAL-OSHA Excavation Permit:** For trenches 5-feet in depth or greater. (909) 383-4321.
6. **Owner/Developer Authorization Letter:** Letter shall be signed by the owner/developer authorizing the contractor to obtain a permit for their project and listing their scope of work.
7. **Construction Company Authorization Letter:** Letter shall be prepared on the company's letterhead authorizing an individual(s) to pull a permit. (**See Sample 3**)
8. **Grading and/or Public Improvement Security**
All applicable securities (notarized Surety Bond, Cash Deposit, Irrevocable Letter of Credit) and notarized Agreements must be in place prior to permit issuance.
9. **Payment of All Applicable Permit and Development Fees:** See project Bond and Fee Letter.
10. **Two (2) Bond Copies of Approved Plans:** Submitted to PW/Engineering Department.
11. **Final Signed Mylar Copy of Plans:** Submitted to PW/Engineering Department.
12. **State Storm Water Permit (NPDES):** For grading permits disturbing an area of one acre or more; or if the permit is part of a larger project that will disturb one or more acres cumulatively.
13. **Traffic Control Plans:** Prior to permit issuance, a traffic control plan shall be reviewed and approved by the City's Traffic Engineer.
14. **Planning Clearance Form:** Prior to any grading permit issuance.

Contractors State License Board (CSLB) Licensing Classifications

The license classifications below are taken from the CSLB website and provided for information purposes. Further information can be found on their website at the following link:

<http://www.cslb.ca.gov/>

CSLB issues licenses for the following classifications:

Class “A” — General Engineering Contractor

The principal business is in connection with fixed works requiring specialized engineering knowledge and skill.

Class “B” — General Building Contractor

The principal business is in connection with any structure built, being built, or to be built, requiring in its construction the use of at least two unrelated building trades or crafts.


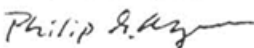
Class “C” — Specialty Contractor

There are 41 separate “C” license classifications for contractors whose construction work requires special skill and whose principal contracting business involves the use of specialized building trades or crafts.

List of Class “C” license classifications:

- C-2 - Insulation and Acoustical Contractor
- C-4 - Boiler, Hot Water Heating and Steam Fitting Contractor
- C-5 - Framing and Rough Carpentry Contractor
- C-6 - Cabinet, Millwork and Finish Carpentry Contractor
- C-7 - Low Voltage Systems Contractor
- C-8 - Concrete Contractor
- C-9 - Drywall Contractor
- C10 - Electrical Contractor
- C11 - Elevator Contractor
- C12 - Earthwork and Paving Contractors
- C13 - Fencing Contractor
- C14 - Metal Roofing Contractor **[repealed]**
- C15 - Flooring and Floor Covering Contractors
- C16 - Fire Protection Contractor
- C17 - Glazing Contractor
- C20 - Warm-Air Heating, Ventilating and Air-Conditioning Contractor
- C21 - Building Moving/Demolition Contractor
- C23 - Ornamental Metal Contractor
- C26 - Lathing Contractor **[repealed]**
- C27 - Landscaping Contractor
- C28 - Lock and Security Equipment Contractor
- C29 - Masonry Contractor
- C31 - Construction Zone Traffic Control Contractor
- C32 - Parking and Highway Improvement Contractor
- C33 - Painting and Decorating Contractor
- C34 - Pipeline Contractor
- C35 - Lathing and Plastering Contractor
- C36 - Plumbing Contractor
- C38 - Refrigeration Contractor
- C39 - Roofing Contractor
- C42 - Sanitation System Contractor

- C43 - Sheet Metal Contractor
- C45 - Electrical Sign Contractor
- C46 - Solar Contractor
- C47 - General Manufactured Housing Contractor
- C50 - Reinforcing Steel Contractor
- C51 - Structural Steel Contractor
- C53 - Swimming Pool Contractor
- C54 - Ceramic and Mosaic Tile Contractor
- C55 - Water Conditioning Contractor
- C57 - Water Well Drilling Contractor
- C60 - Welding Contractor
- C61 - Limited Specialty
- ASB - Asbestos Certification
- HAZ - Hazardous Substance Removal Certification
- HIC - Home Improvement Certification **[repealed]**

	CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 11/10/2020																				
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.																						
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																						
Sample	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Federal Insurance Company</td> <td>NAIC # 20281</td> </tr> <tr> <td>INSURER B: Executive Risk Indemnity Inc</td> <td>35181</td> </tr> <tr> <td>INSURER C: Great American Ins. Co.</td> <td>5990</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A: Federal Insurance Company	NAIC # 20281	INSURER B: Executive Risk Indemnity Inc	35181	INSURER C: Great American Ins. Co.	5990	INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME:																						
PHONE (A/C, No, Ext):	FAX (A/C, No):																					
E-MAIL ADDRESS:																						
INSURER(S) AFFORDING COVERAGE																						
INSURER A: Federal Insurance Company	NAIC # 20281																					
INSURER B: Executive Risk Indemnity Inc	35181																					
INSURER C: Great American Ins. Co.	5990																					
INSURER D:																						
INSURER E:																						
INSURER F:																						
Sample																						
COVERAGES CERTIFICATE NUMBER: 1729981418 REVISION NUMBER:																						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID DEDUCTIBLES.																						
INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EX (MM/DD/YYYY)	LIMITS																
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y Y	54303188	8/1/2020	8/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 Deductible \$ 5,000																
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	54303187	1/2020	8/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Deductibles \$ 1,000																
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ \$10,000	Y Y	U31972	8/1/2020	8/1/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Products -Comp/Op Agg \$ 10,000,000																
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y Y	54303189	8/1/2020	8/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000																
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																						
The City of Wildomar is named as Additional Insured with respect to General Liability per attached endorsements.																						
CERTIFICATE HOLDER				CANCELLATION 30																		
City of Wildomar 23873 Clinton Keith Rd., Suite #201 Wildomar, CA 92595				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 																		

© 1988-2015 ACORD CORPORATION. All rights reserved.

Policy Number:

COMMERCIAL GENERAL LIABILITY
CG 20 12 04 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – STATE OR GOVERNMENTAL
AGENCY OR SUBDIVISION OR POLITICAL
SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE**State Or Governmental Agency Or Subdivision Or Political Subdivision**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

COMPANY LETTERHEAD

City of Wildomar
Public Works/Engineering
Department
23873 Clinton Keith Road
Wildomar CA 92595

To Whom It May Concern:

Only those persons listed below are duly authorized by this company to act as our agents to obtain permits from the City of Wildomar, Public Works/Engineering Department. It is our understanding that only these designated persons may obtain permits in this firm's name and that this authorization will continue until the Public Works Department is notified in writing of any change.

1. _____ 3. _____
(Typed or Printed Name) (Typed or Printed Name)

(Signature) (Signature)

2. _____
(Typed or Printed Name) (Typed or Printed Name)

(Signature) (Signature)

Cordially,

Company Name

Typed Name and Title

Signature

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**SCHEDULE**

Name Of Person Or Organization:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of
Rights Of Recovery Against Others To Us of
Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

sample endorsement**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****WC040306**
(Ed.04-84)**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2% of the California workers' compensation premium otherwise due on such remuneration.

Schedule**Person or Organization****Job Description**

Any person or organization as required by written contract.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	mm/dd/yyyy	Policy No.	xxxx	Endorsement No.	0
Insured	Company Name			Premium \$	xx,xxx
Insurance Company	Insurance Company Name				

WC0403 06

(Ed. 04-84)

Countersigned by

Must be signed by the insurance agent/broker