



CITY OF COVINA
DEPARTMENT OF PUBLIC WORKS
 Development Services Division
 125 East College Street
 Covina, CA 91723
 Telephone: (626) 384-5490 Fax: (626) 384-5479

To be completed by Covina DPW only:
 Permit No.: _____ Date Approved: _____
 Approved By: _____
 Issuance Fee (non-refundable): \$ _____
 Permit Fee / each way: \$ _____
 Total: \$ _____
 Paid: _____ Check #: _____

APPLICATION FOR OVERLOAD/MOVING PERMIT

DATE: _____
OWNER/APPLICANT: _____ PHONE: () - _____
 PRINT NAME SIGNATURE

ADDRESS: _____
 STREET CITY ZIP CODE
 FAX: () - CELL: () - EMAIL ADDRESS: _____

I hereby make application for permit to transport overload equipment and/or materials on the public right-of-way at the described location(s). It is agreed by the applicant that the City of Covina and any of its officers or employees thereof shall be saved harmless by the applicant from any liability or responsibility for any accident, loss or damage to persons, property, highway or public right away, happening or occurring as the proximate results of any of the applicant's activities under the terms of this application and that all of said liability is hereby assumed by the applicant including all attorney fees, costs and expenses paid in defense or prosecution of an indemnity claim or appeal of such claims.

Permit void if work is not started and inspection not requested within **60 days** of date of permit issuance. I am/We are aware of, and will comply with, Section 3800 of the Labor Code, regarding Liability insurance for Workman's Compensation or undertake self-insurance before commencing any of the work. **IT IS FURTHER AGREED THAT THE OWNER/APPLICANT IS THE FINANCIALLY RESPONSIBLE PARTY FOR INITIAL DEPOSITS, ADDITIONAL COLLECTIONS, CHARGES AND REFUNDS.**

CONTRACTOR: _____ PHONE: () - _____
 PRINT NAME SIGNATURE

ADDRESS: _____
 STREET CITY ZIP CODE
 FAX: () - CELL: () - EMAIL ADDRESS: _____

CITY BUSINESS LICENSE NO.: _____ STATE LICENSE NO.: _____
 ROUTE (STARTING POINT TO DESTINATION): _____

DATE/TIME OF TRANSPORATION: _____ LOAD OR EQUIPMENT: _____
 HEIGHT: _____ LENGTH: _____ WIDTH: _____
 **PAYER: _____ Payers Signature

**** THE OWNER/APPLICANT IS THE FINANCIALLY RESPONSIBLE PARTY FOR ADDITIONAL COLLECTIONS, CHARGES AND REFUNDS**

PERMIT APPROVAL AND ACCEPTANCE OF WORK
CALL OFFICE (626) 384- 5488 OR Cell Phone (626) 710-7561
24 hours PRIOR to all required inspections.

In compliance with the above application and subject to all the terms, conditions and restrictions written or printed as provisions on any part of this form and attached hereto, permission is granted to encroach or perform work within public rights-of-way. City of Covina reserves the right to amend permit as conditions apply.

Work was hereby inspected and accepted by the City.

Inspector's Signature: _____ Date: _____

REQUIREMENTS FOR OBTAINING A HIGHWAY PERMIT

1. Complete and sign the permit application. Payment collection will be required prior to permit issuance. Only complete permit application packages will be accepted for review and processing.
2. Submit **2 sets of plans** showing the location of routes, from starting to end points of travel.
3. Provide proof of General Liability and Workers Compensation insurance. All insurance documents, including the required endorsement form, must name **City of Covina** as "Additionally Insured" per current insurance requirements.
4. Submit copy of contractor's license.