

Engineering Division Permitting Guidelines

Covers minor encroachments, wells / boreholes, fire flow tests, wide loads

How to apply for an Encroachment Permit

Send an [encroachment permit application](#), available on page 5, and a site plan to encroachmentpermits@Oxnard.org. Applicants must also complete and submit a temporary traffic control checklist, available on page 22. Please be sure to review and follow any instructions from the traffic division's guidelines and general notes on pages 23-28. Applications may also be submitted in person at 214 S C St. during open counter hours. Please call (805) 385-7925 for current counter hours.

How to apply for a Well / Borehole Permit

Send a well / borehole application and completed checklist, available on pages 20 and 21, to encroachmentpermits@oxnard.org. Review the well / borehole checklist for additional requirements. Applications may also be submitted in person at 214 S C St. during open counter hours. Please call (805) 385-7925 for current counter hours.

How to apply for a Fireflow Permit and log the results

Send an [encroachment permit application](#), available on page 5, and site plan to encroachmentpermits@Oxnard.org. Site plan requirements, sample documents, and related information can be located on pages 14-19.

Applications may also be submitted in person at 214 S C St. during open counter hours. Please call (805) 385-7925 for current counter hours.

How to apply for a Transportation / Wide Load Permit

Please send a [transportation / wide load permit application](#), available on page 6, to encroachmentpermits@Oxnard.org. Approved truck routes must be used to the furthest extent possible. The approved truck route map is on page 7. A staff member will respond by sending an Adobe Sign message with a credit card authorization form, an invoice, and the approved permit. Single trips cost \$15.75. Annuals are \$78.75. Annuals are restricted to the following parameters:

- Legal weight
- Length shall be 60' or less
- Width is 12' or less
- Height is 15' or less

Applications may also be submitted in person at 214 S C St. during open counter hours. Please call (805) 385-7925 for current counter hours.

Traffic approvals

Please complete a temporary traffic control checklist, available on page 22.

If you are required to respond 'No' on all checklist items, please send your checklist, along with the related TA sheet from the most recent version of the MUTCD or the CATTCH manual, to encroachmentpermits@Oxnard.org, along with your completed encroachment permit application and site plan.

If you are required to respond 'Yes' on any checklist items please follow the instructions provided in the temporary traffic control guidelines on pages 23-28.

Insurance Requirements

The City requires specific language and coverage amounts for work in the public right of way. Insurance requirements are outlined on pages 8-13. **If your insurance has not been vetted in the last year**, please submit your certificate of insurance to insurance@oxnard.org. **The permittee and any contractors or subs must have their insurance reviewed and approved prior to permit issuance.**

Licensing Requirements

If you do not have a business license or it is expired, please contact business licensing at clicensing@oxnard.org / (805) 385-7817 regarding current business licensing requirements. **The permittee and any subs will need a valid city business license at the time of permit issuance.**

Payments

Payments can be made in person or electronically.

In person - Payments can be made at 214 S C St during open counter hours. Check in at the customer service counter and you will be routed accordingly. Please call (805) 385-7925 for current counter hours.

Electronic payments - Payments can be made using Adobe Sign. An invoice and credit card authorization form will be sent to you via Adobe Sign. Once completed, the credit card authorization form will be forwarded to our cashiers for processing. This process can take a few hours. A receipt will be provided when the permit is issued.

Permit Issuance

Permit issuance can be completed in person or electronically.

In person - Permits can be pulled in person at 214 S C St. Check in at the customer service counter and you will be routed accordingly. In person permit issuance is available during open counter hours. Please call (805) 385-7925 for current counter hours.

Electronic permit issuance - Once any outstanding balances have been paid, the permit, approved documents, and a receipt will be sent via Adobe Sign. **The applicant is responsible for signing and downloading their permit, approved documents, and receipts. A hard copy will not be provided.**

A letter of authorization may be required at the time of permit issuance. This typically occurs when a consultant is pulling a permit for a contractor. The letter should be on company letterhead and must come from the permittee. It should list the person or persons authorized to sign for the permit. If you have any questions about this requirement please send them to staff at encroachmentpermits@Oxnard.org.

Notes about site plans:

1. Label property lines, including dimensions.
2. Label right of way, including dimensions.
3. Show lanes, lane width, medians, and street width in the work zone.
4. Show sidewalks and parkways, including dimensions.
5. Add note that permit is for work in the right of way only and any required permits for work on private property will be obtained prior to commencing work, if applicable.
6. Add note that all work will be performed in accordance with applicable City of Oxnard standards.
7. Show all existing infrastructure in the vicinity of your work zone, including storm drains, trees, utility poles, and fire hydrants.
8. Drawing must be to scale
9. Attach all applicable City of Oxnard plates. Plates can be found at <https://www.oxnard.org/city-department/development-services/standard-plates-and-design-criteria/>
10. Show limits of any proposed excavation
11. Single line drawings required.
12. Aerial photographs are only acceptable for electronic submittals.

Permittee : _____ Permittee phone number: _____

Permittee address: _____

Permittee email address: _____

Contractor: _____ Contractor phone number: _____

Contractor address: _____

Contractor email address: _____

Sub-contractor: _____ Sub-contractor phone number: _____

Sub-contractor address: _____

Sub-contractor address: _____

Please provide the business name, physical address, email address, and phone number of all contractors that will be performing work related to this permit request. Continue on a separate page, if necessary. All permittees, contractors, and sub-contractors must have a valid, City of Oxnard business license and insurance that has been approved by City of Oxnard Staff. Insurance review is required every time insurance is renewed.

Location: _____

Scope: _____

Excavation required: Yes No . If excavation is required, will it exceed 100 sq ft.? Yes No .

The undersigned hereby proposes to do the work as herein designated and as indicated on the attached work order drawing _____ and hereby authorizes the City of Oxnard to enter this information in the underground utilities atlas upon completion of work.

In consideration of the grant of this permit, permittee agrees to save harmless the City of Oxnard, its officers and employees from any loss, cost or expense attendant to or arising out of the performance of the work under this encroachment permit. PERMITTEE AGREES TO NOTIFY THE CITY AT LEAST 24 HOURS IN ADVANCE OF CONSTRUCTION AT THE PHONE NUMBER LISTED ON THEIR PERMIT CARD.

By signing you agree that the above information and any additional information provided with this request is accurate. Signing also indicates a commitment to adhere to the City of Oxnard's policies and procedures during the performance of any work that is permitted.

Print applicant name and title

Signature

CITY OF OXNARD

TRANSPORTATION PERMIT

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL OF THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:

TRANSPORTER _____

ADDRESS _____

CITY / STATE _____

PHONE _____ HCD. NO. _____

PERMIT VALID BETWEEN

_____ AM _____ / /
PM

AND SUNSET _____ / /

MOVING AUTHORIZED YES NO

SATURDAY

SUNDAY

SUNSET TO SUNRISE

PERMIT # _____

AUTHORIZED AGENCY REPRESENTATIVE

HAUL LOAD OR EQUIPMENT AND MODEL NO. _____

DRIVE _____

TOW _____

TYPE VEHICLE _____

TELECOPIED PERMITS NOT VALID WITHOUT SEAL

KING PIN TO LAST AXLE _____ COMB. VEHICLE LENGTH _____

SENDING STATION _____ RECEIVING STATION _____

LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED

MAX HEIGHT:	MAX WIDTH:	MAX OVERALL LENGTH:	MAX OVERHANG:						
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
AXLE WIDTH									
WEIGHT									
ORIGIN	DESTINATION				TRIPS				

AUTHORIZED ROADS / STREETS / HIGHWAYS * = OTHER AGENCY PERMIT(S) REQUIRED

PERMITEE AGREES:

NOT TO MOVE BETWEEN THE HOURS OF
7:30-9:30 AM, 11:30 AM-1:00 PM,
& 3:30-6:30 PM.

TO KEEP THIS PERMIT ON JOB SITE

TO NOTIFY THE FOLLOWING AGENCIES AT LEAST ONE WORKING DAY IN ADVANCE OF THE MOVE IF:

LOADED WIDTH EXCEEDS 12 FEET:
OXNARD POLICE 385-7600

LOADED HEIGHT EXCEEDS 17 FEET:
OXNARD TRAFFIC ENGINEER 385-7872
SOUTHERN CALIF. EDISON 654-7444
VERIZON TELEPHONE 388-2260
TIME WARNER CABLE 477-4436

PILOT CAR REQUIRED 2 PILOT CARS REQUIRED NONE REQUIRED

ATTACHMENTS

PERMIT CONDITIONS _____

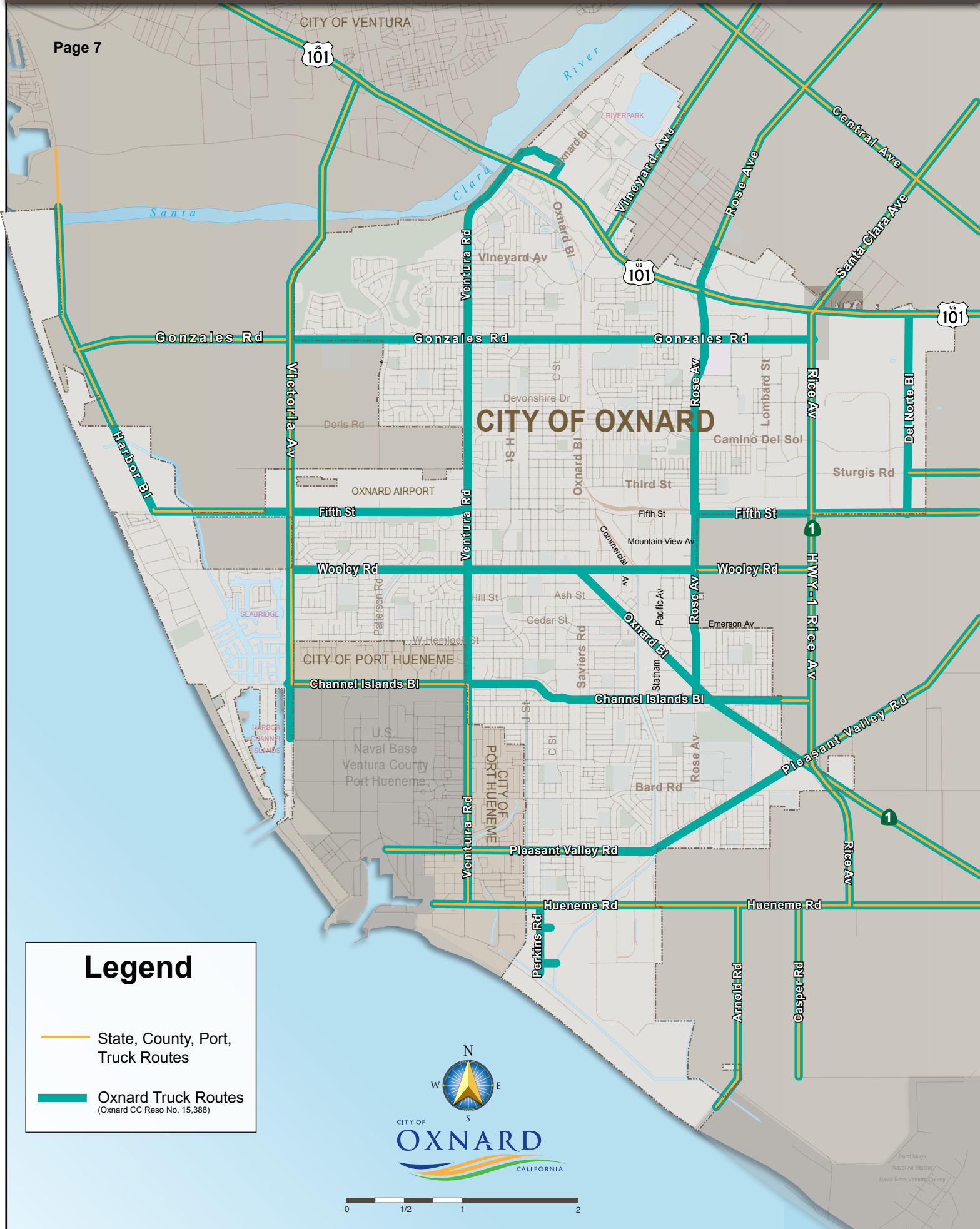
CASH

CHARGE FEE: _____

EXEMPT \$ _____

PERMITEE AUTHORIZED AGENT (SIGNATURE)

_____/_____/_____
DATE



CITY OF OXNARD

Legend

- State, County, Port, Truck Routes
- Oxnard Truck Routes (Oxnard CC Reso No. 15,388)





INSURANCE REQUIREMENTS FOR PERMITS
(WITH AUTOMOBILE LIABILITY AND WORKERS' COMPENSATION REQUIREMENT)

CHECKLIST

- Commercial General Liability Insurance
- Additional Insured endorsement for General Liability
- Business Automobile Liability Insurance
- Additional Insured endorsement for Auto Liability
- Workers' Compensation Insurance
- Waiver of all rights of subrogation for Workers' Comp
- Primary and not contributing endorsement for all coverages

*** Above mentioned is only a brief outline of the insurance requirements,
please see page 2 for full details.

CITY OF OXNARD
RISK MANAGEMENT
300 WEST THIRD STREET
OXNARD, CA 93030
PH: (805) 385-7590
EM: insurance@oxnard.org

**INSURANCE REQUIREMENTS FOR PERMITS
(WITH AUTOMOBILE LIABILITY AND WORKERS' COMPENSATION REQUIREMENT)**

1. Permittee shall obtain and maintain during the performance of any activities under this Permit the following insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of activities by Permittee, its agents, representatives, or employees.

a. **Commercial General Liability Insurance**, including Contractual Liability, in an amount not less than **\$1,000,000** combined single limit for bodily injury and property damage for each claimant for general liability with coverage equivalent to Insurance Services Office Commercial General Liability Coverage (**Occurrence** Form CG 0001). If a general aggregate limit is used, that limit shall apply separately to the project or shall be twice the occurrence amount;

b. **Business Automobile Liability Insurance** in an amount not less than **\$1,000,000** combined single limit for bodily injury and property damage for each claimant for automobile liability with coverage equivalent to Insurance Services Office Automobile Liability Coverage (Occurrence Form CA0001) covering Code No. 1, **"any auto;"**

c. **Workers' Compensation Insurance** in compliance with the laws of the State of California, and Employer's Liability Insurance in an amount not less than **\$1,000,000** per claimant. Additionally, the workers' compensation **policy shall include a waiver of all rights of subrogation** which the insurer may have against the City.

2. Permittee shall, prior to performance of any services, file with the Risk Manager certificates of insurance with original endorsements effecting coverage required by this Exhibit INS-P. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The certificates and endorsements are to be on the attached forms or on other forms approved by the Risk Manager. All certificates and endorsements are to be received and approved by the Risk Manager before work commences. City reserves the right to require complete certified copies of all required insurance policies at any time.

The certificates of insurance and endorsements shall be sent via email to insurance@oxnard.org

CERTIFICATE HOLDER: **City of Oxnard
Risk Manager
300 West Third Street
Oxnard, CA 93030**

***A waiver may be provided to permittees who have no employees or do not and will not use any vehicles in, its business with the City of Oxnard.

3. Permittee agrees that **all insurance coverages shall be provided by a California admitted insurance carrier with an A.M. Best rating of A:VII or better** and shall be endorsed to state that coverage may not be suspended, voided, canceled by either party, or reduced in coverage or limits without 30 days' prior written notice to the Risk Manager. The Risk Manager shall not approve or accept any endorsement if the endorsement contains "best effort" modifiers or if the insurer is relieved from the responsibility to give such notice.

4. Permittee agrees that the **Commercial General Liability and Business Automobile Liability Insurance policies shall be endorsed to name City of Oxnard, its City Council, officers, employees and volunteers as additional insureds as respects: liability arising out of activities performed by or on behalf of permittee; products and completed operations of permittee; premises owned, occupied or used by permittee; or automobiles owned, leased, hired or borrowed by permittee.** The coverage shall contain no special limitations on the scope of protection afforded to City, its City Council, officers, employees and volunteers. **The General Liability Special Endorsement Form and Automobile Liability Special Endorsement Form attached to this Exhibit INS-P or substitute forms containing the same information and acceptable to the Risk Manager shall be used to provide the endorsements (ISO form CG 2010 11/85 or if not available, CG 2010 with an edition date prior to 01/94 and CG 2037).**

5. The **coverages** provided to City **shall be primary and not contributing** to or in excess of any existing City insurance coverages (**this must be endorsed**). Any failure to comply with reporting provisions of the policies shall not affect coverage provided to City, its City Council, officers, employees and volunteers. The insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

6. Any deductibles or self-insured retentions must be declared to and approved by the Risk Manager. At the option of the Risk Manager, either the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects City, its City Council, officers, employees and volunteers, or the permittee shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

INSTRUCTION FOR SUBMITTING INSURANCE CERTIFICATES AND ENDORSEMENT FORMS

Certificates of Insurance

The sample accord form on the following page is provided to facilitate your preparation and submission of certificates of insurance. You may use this or any industry form that shows coverage as broad as that shown on the attached sample. **Please note the certificate holder address must be as shown on the attached sample accord form with the contract number and insurance exhibit identification information completed.** Improperly addressed certificates may delay the contract start-up date because the City's practice is to return unidentifiable insurance certificates to the insured for clarification as to the contract number. **Cancellation provisions must be endorsed to the policy. Modifying the certificate does not change coverage or obligate the carrier to provide notice of cancellation.**

Endorsement Forms

Original endorsements are required for commercial general liability and business automobile liability insurance policies and must be attached to the applicable certificate of insurance. City preference is that you use the endorsement forms which are attached. Substitute forms will be accepted, however, as long as they include provisions comparable to the attached.

INS-P.doc

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
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CODESUB-CODE	COMPANIES AFFORDING INSURANCE COVERAGE
--------------	---

INSURED	COMPANY LETTER A SPECIFY COMPANY NAMES IN THIS SPACE
	COMPANY LETTER B

COVERAGES

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 CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY [x] COMMERCIAL GENERAL LIABILITY [] CLAIMS MADE [x] OCCUR. [x] OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$1,000,000 PRODUCTS COMP/OP AGG. \$1,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
A	AUTOMOBILE LIABILITY [x] ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000
A	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER:
CITY OF OXNARD
RISK MANAGER
300 WEST THIRD STREET
OXNARD, CA 93030

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**GENERAL LIABILITY SPECIAL ENDORSEMENT
FOR THE CITY OF OXNARD (the aCity@)**

SUBMIT IN DUPLICATE

ENDORSEMENT NO.	ISSUE DATE (MM/DD/YY)
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<p>PRODUCER</p> <p>Telephone: _____</p>	<p>POLICY INFORMATION: Insurance Company: _____ Policy No.: _____ Policy Period: (from) _____ (to) _____ LOSS ADJUSTMENT EXPENSE <input type="checkbox"/> Included in Limits <input type="checkbox"/> In Addition to Limits</p> <p><input type="checkbox"/> Deductible <input type="checkbox"/> Self-Insured Retention (check which) of \$ _____ with an Aggregate of \$ _____ applies to _____ coverage. <input type="checkbox"/> Per Occurrence <input type="checkbox"/> Per Claim (which)</p>
<p>NAMED INSURED</p>	<p>APPLICABILITY. This insurance pertains to the operations, products and/or tenancy of the named insured under all written agreements and permits in force with the City unless checked here <input type="checkbox"/> in which case only the following specific agreements and permits with the City are covered:</p> <p>CITY AGREEMENTS/PERMITS _____</p>
<p>TYPE OF INSURANCE</p>	

<p>GENERAL LIABILITY</p> <p><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made <input type="checkbox"/> COMPREHENSIVE GENERAL LIABILITY Retroactive Date _____ <input type="checkbox"/> OWNERS & CONTRACTORS PROTECTIVE <input type="checkbox"/> Occurrence</p>	<p>OTHER PROVISIONS</p>
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<p>COVERAGES</p> <p><input type="checkbox"/> GENERAL <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input type="checkbox"/> PERSONAL & ADVERTISING INJURY <input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> _____ <input type="checkbox"/> _____</p>	<p>LIABILITY LIMITS IN THOUSANDS \$</p> <table border="1"> <tr> <td>EACH OCCURRENCE</td> <td>AGGREGATE</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	EACH OCCURRENCE	AGGREGATE			<p>CLAIMS: Underwriter=s representative for claims pursuant to this insurance. Name: _____ Address: _____ Telephone: (____) _____</p>
EACH OCCURRENCE	AGGREGATE					

In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, insurance company agrees as follows:

- INSURED.** The City, its officers, agents, employees and volunteers are included as insureds with regard to liability and defense of suits arising from the operations, products and activities performed by or on behalf of the named insured.
- CONTRIBUTION NOT REQUIRED.** As respects: (a) work performed by the named insured for or on behalf of the City; or (b) products sold by the named insured to the City; or (c) premises leased by the named insured from the City, the insurance afforded by this policy shall be primary insurance as respects the City, its officers, agents, employees or volunteers; or stand in an unbroken chain of coverage excess of the named insured=s scheduled underlying primary coverage. In either event, any other insurance maintained by the City, its officers, agents, employees or volunteers shall be in excess of this insurance and shall not contribute with it.
- SEVERABILITY OF INTEREST.** This insurance applies separately to each insured against whom claim is made or suit is brought except with respect to the company=s limits of liability. The inclusion of any person or organization as an insured shall not affect any right which such person or organization would have as a claimant if not so included.
- CANCELLATION NOTICE.** With respect to the interests of the City, this insurance shall not be canceled, or materially reduced in coverage or limits except after thirty (30) days prior written notice by receipted delivery has been given to the City.
- PROVISIONS REGARDING THE INSURED=S DUTIES.** Any failure to comply with reporting provisions of the policy or breaches or violations of warranties shall not affect coverage provided to the City, its officers, agents, employees or volunteers.
- SCOPE OF COVERAGE.** This policy, if primary, affords coverage at least as broad as:
 - Insurance Services Office Commercial General Liability Coverage, "occurrence" form CG 0001; or
 - If excess, affords coverage which is at least as broad as the primary insurance form CG 0001.

Except as stated above nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached.

<p>ENDORSEMENT HOLDER</p>	
<p>CERTIFICATE HOLDER: CITY OF OXNARD RISK MANAGER 300 WEST THIRD STREET OXNARD, CA 93030</p>	<p>AUTHORIZED REPRESENTATIVE <input type="checkbox"/> Broker/Agent <input type="checkbox"/> Underwriter <input type="checkbox"/> _____</p> <p>I _____ (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement.</p> <p>Signature _____ (original signature required)</p> <p>Telephone: (____) _____ Date Signed _____</p>

AUTOMOBILE LIABILITY SPECIAL ENDORSEMENT FOR THE CITY OF OXNARD (the aCity@)

SUBMIT IN DUPLICATE

ENDORSEMENT NO.

ISSUE DATE (MM/DD/YY)

PRODUCER

POLICY INFORMATION:
Insurance Company:
Policy No.:
Policy Period: (from) (to)
LOSS ADJUSTMENT EXPENSE Included in Limits
 In Addition to Limits

Telephone:

NAMED INSURED

Deductible Self-Insured Retention (check which) of \$ _____
with an Aggregate of \$ _____ applies to _____
coverage. Per Occurrence Per Claim (which)

APPLICABILITY. This insurance pertains to the operations, products and/or tenancy of the named insured under all written agreements and permits in force with the City unless checked here in which case only the following specific agreements and permits with the City are covered:

CITY AGREEMENTS/PERMITS

TYPE OF INSURANCE

- COMMERCIAL AUTO POLICY
- BUSINESS AUTO POLICY
- OTHER

OTHER PROVISIONS

LIMIT OF LIABILITY

\$ _____ per accident, for bodily injury and property damage.

CLAIMS: Underwriter=s representative for claims pursuant to this insurance.

Name: _____

Address: _____

Telephone: (____) _____

In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, insurance company agrees as follows:

1. **INSURED.** The City, its officers, agents, volunteers and employees are included as insureds with regard to liability and defense of suits arising from the operations, products and activities performed by or on behalf of the named insured.
2. **CONTRIBUTION NOT REQUIRED.** As respects: (a) work performed by the named insured for or on behalf of the City; or (b) products sold by the named insured to the City; or (c) premises leased by the named insured from the City, the insurance afforded by this policy shall be primary insurance as respects the City, its officers, agents, employees or volunteers; or stand in an unbroken chain of coverage excess of the named insured=s scheduled underlying primary coverage. In either event, any other insurance maintained by the City, its officers, agents, employees or volunteers shall be in excess of this insurance and shall not contribute with it.
3. **SEVERABILITY OF INTEREST.** This insurance applies separately to each insured against whom claim is made or suit is brought except with respect to the company=s limits of liability. The inclusion of any person or organization as an insured shall not affect any right which such person or organization would have as a claimant if not so included.
4. **CANCELLATION NOTICE.** With respect to the interests of the City, this insurance shall not be canceled, or materially reduced in coverage or limits except after thirty (30) days prior written notice by receipted delivery has been given to the City.
5. **PROVISIONS REGARDING THE INSURED'S DUTIES.** Any failure to comply with reporting provisions of the policy or breaches or violations of warranties shall not affect coverage provided to the City, its officers, agents, employees or volunteers.
6. **SCOPE OF COVERAGE.** This policy, if primary, affords coverage at least as broad as:
 - a. Insurance Services Office Automobile Liability Coverage, "occurrence" form CA0001, code ("any auto"); or
 - b. If excess, affords coverage which is at least as broad as the primary insurance form referenced in the preceding section (1).

Except as stated above nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached.

ENDORSEMENT HOLDER

CERTIFICATE HOLDER:
CITY OF OXNARD
RISK MANAGER
300 WEST THIRD STREET
OXNARD, CA 93030

AUTHORIZED REPRESENTATIVE

Broker/Agent Underwriter _____

I _____ (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement.

Signature _____
(original signature required)

Telephone: (____) _____ Date Signed _____

MEMO



TO: Fire Flow Contractors

FROM: Stephen McNaughten, Fire Marshal
Edward Cruz, PE, Fire Plans Examiner II
Tai P. Chau, PE, Supervising Civil Engineer

SUBJECT: **Fire Flow Test Mandate – Two Flow Hydrants Minimum**

The City’s Water System provides water services for the majority of the City of Oxnard. The services include fire water supply to buildings and fire hydrants.

- Per the 2019 California Fire Code and National Fire Protection Association (NFPA), **Fire Flow** is the flow rate of the water supply, measured at 20 psi residual pressure, that is available for fire-fighting.
- NFPA 291 provides guidance on fire flow tests to determine the relative fire service water supply from hydrants and to ensure adequate fire flows are available at the 20 psi residual pressure.
- To obtain satisfactory test results of the calculation of expected flows at 20 psi, NFPA 291 requires that sufficient discharge should be achieved to cause a drop in pressure at the residual hydrant of at least 25 percent or to flow the total demand necessary for fire-fighting purposes.

Based on the behavior of the City’s water system, each fire flow test **shall** involve a minimum of two (2) flow hydrants. The Fire Department reserves the right to require additional flow hydrants. Upon completion of a flow test, contractor must submit the test results to the City under the “**Fire Flow Worksheet Submittal**” at: <https://www.oxnard.org/fire-prevention/>

Attachments:

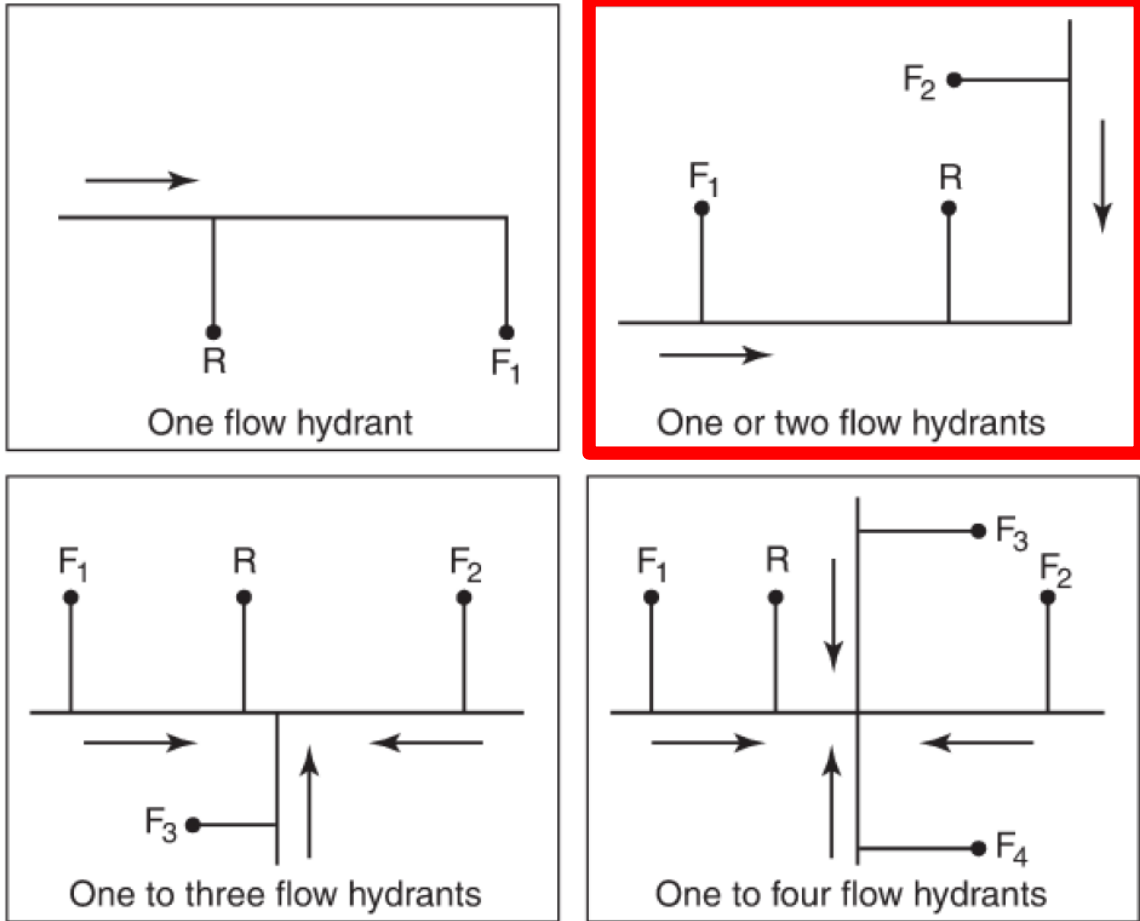
1. Test Layout for Hydrants per NFPA 291
2. City of Oxnard Fire Flow Test Data Sheet

Fire Flow Test Instructions

- 1) C16 or Civil Company to obtain a fire flow test permit with two flowing hydrants.
- 2) Flowing two hydrants is required by the City of Oxnard based on Fire Code: Flow enough hydrants to drop 25% in pressure or flow multiple hydrants to get greater flow closest to the required fire flow.
- 3) The permit shall have a map identifying the two (2) flowing hydrants and one (1) static/residual hydrant. The static/residual hydrant is usually in the middle.
- 4) Flow shall be out of 2.5-in nozzles unless approved otherwise by the Fire Department.
- 5) City Inspector will notify Fire Department and Water Division Staff when and where a fire flow will occur 48 hours in advance.
- 6) City Inspector will proctor the test with Water Division and Fire Department Staff.
- 7) Inspector is to note down Hydrants, Static, Pitot, and Residual Pressures on the permit card.
- 8) Fire Flow test results with a map shall be submitted to the City Inspector. City Inspector then shares the results via email with the City Engineer & Fire Department (Tai & Edward).
- 9) The City Engineer/Fire Department will approve the results via email, and the City Inspector can direct the contractor to upload the results to:
<https://docs.google.com/forms/d/e/1FAIpQLSfOz8oVyWFQTjn8GoTtY22T79i-3fy300uclr64S7CdNRFhnA/viewform>
- 10) City Inspector to facilitate the permit card with pressure readings and update the info into THE.
- 11) City Engineer/Fire Department Staff to upload the final results to GIS.

Attachments:

1. Fire Flow Memo
2. Sample Fire Flow Card



Arrows indicate direction of flow: R – residual hydrant; F – flow hydrant

FIGURE 4.3.4 Suggested Test Layout for Hydrants.

PERMIT NO. _____

CITY OF OXNARD FLOW TEST DATA

BUILDING AND ENGINEERING DIVISION

RETURN COMPLETED FORM TO: BUILDING AND ENGINEERING DIVISION

214 S. C STREET

NOTE: THIS FORM MUST BE SIGNED BY THE REGISTERED PROFESSIONAL (I.E., RCE OR C-16 CONTRACTOR) HAVING RESPONSIBILITY FOR THE TEST

OXNARD, CA 93030

LOCATIONS OF HYDRANTS: _____

PROJECT: _____ ADDRESS: _____

DEVELOPER: _____

INSPECTOR: _____ OBSERVERS: _____ FIRM: _____

ENGINEER/CONTRACTOR: _____ **C16 or PE NAME** LIC NO./TYPE: _____ **C16 or PE**

FAX: _____

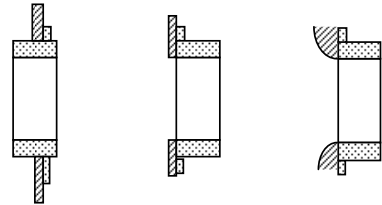
PHONE: _____

TEST NO.	LOCATION	TIME			C	DIA. (IN)	PRESSURES (psi)			FLOW RATES (gpm)	
		DATE	TIME	DAY			STATIC	PITOT	RESIDUAL	OBSERVED	ACTUAL AT 20 psi
	Static/Residual Hydrant (Usually in the middle)						#		#		
	Flow Hydrant #1				0.9		#	#	#	Flow 1	Q20 flow 1
	Flow Hydrant #2				0.9		#	#	#	Flow 2	Q20 flow 2
										Total Q20 Flow =	

The formula used to compute the discharge, Q in gpm from these measurements is:

$$Q = 29.83cd^2(p)^{1/2}$$

where
 c = is the coefficient of discharge
 d = the diameter of the outlet in inches
 p = the velocity pressure in psi.



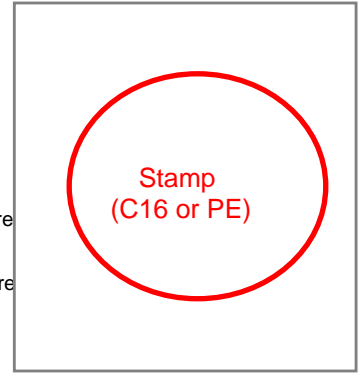
Outlet square and projecting into barrel **c = 0.70**
 Outlet square and sharp **c = 0.80**
 Outlet smooth and rounded **c = 0.90**

If flow tubes (stream straighteners) are being utilized a "c" of 0.95 is suggested unless the coefficient of the tube is known.

The formula which is generally used to compute the discharge at the specified residual pressure or for any desired pressure drop is:

$$Q_r = Q_f \times \frac{H_r^{0.54}}{H_f^{0.54}}$$

Q_r = flow available at desired residual pressure
 Q_f = flow during test
 H_r = pressure drop to desired residual pressure
 H_f = pressure drop during test

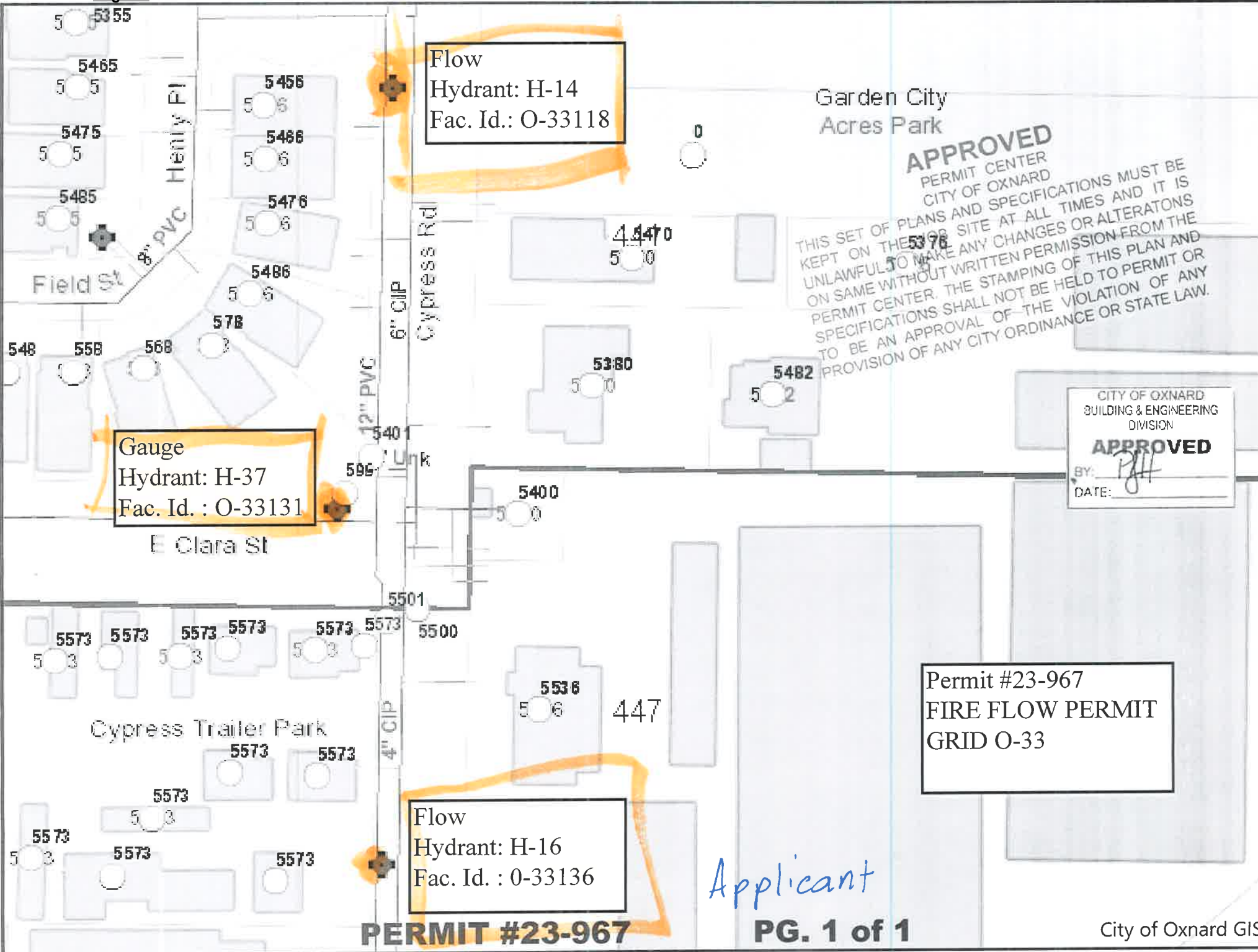


TESTING & CALCULATION CHECKED AND CERTIFIED _____

DATE _____

SEAL

WATER ATLAS GRID NO.



Flow
Hydrant: H-14
Fac. Id.: O-33118

Gauge
Hydrant: H-37
Fac. Id. : O-33131

Flow
Hydrant: H-16
Fac. Id. : 0-33136

Garden City
Acres Park

APPROVED
PERMIT CENTER
CITY OF OXNARD
THIS SET OF PLANS AND SPECIFICATIONS MUST BE KEPT ON THE JOB SITE AT ALL TIMES AND IT IS UNLAWFUL TO MAKE ANY CHANGES OR ALTERATIONS ON SAME WITHOUT WRITTEN PERMISSION FROM THE PERMIT CENTER. THE STAMPING OF THIS PLAN AND SPECIFICATIONS SHALL NOT BE HELD TO PERMIT OR TO BE AN APPROVAL OF THE VIOLATION OF ANY PROVISION OF ANY CITY ORDINANCE OR STATE LAW.

CITY OF OXNARD
BUILDING & ENGINEERING
DIVISION
APPROVED
BY: *[Signature]*
DATE: _____

Permit #23-967
FIRE FLOW PERMIT
GRID O-33

Applicant

PERMIT #23-967

PG. 1 of 1

PERMIT NO. _____

CITY OF OXNARD FIREFLOW TEST DATA

BUILDING AND ENGINEERING DIVISION

RETURN COMPLETED FORM TO: BUILDING AND ENGINEERING DIVISION

214 S. C STREET

NOTE: THIS FORM MUST BE SIGNED BY THE REGISTERED PROFESSIONAL (I.E., RCE OR C-16 CONTRACTOR) HAVING RESPONSIBILITY FOR THE TEST

OXNARD, CA 93030

LOCATIONS OF HYDRANTS: _____

PROJECT: _____ ADDRESS: _____

DEVELOPER: _____

INSPECTOR: _____ OBSERVERS: _____ FIRM: _____

ENGINEER/CONTRACTOR: _____ LIC NO./TYPE: _____

FAX: _____

PHONE: _____

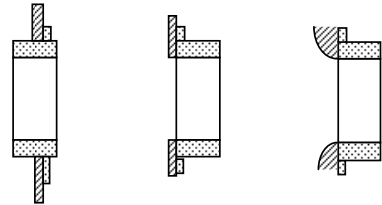
TEST NO.	LOCATION	TIME			C	DIA. (IN)	PRESSURES (psi)			FLOW RATES (gpm)	
		DATE	TIME	DAY			STATIC	PITOT	RESIDUAL	OBSERVED	ACTUAL AT 20 psi

The formula used to compute the discharge, Q in gpm from these measurements is:

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where
c = is the coefficient of discharge
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If flow tubes (stream straighteners) are being utilized a "c" of 0.95 is suggested unless the coefficient of the tube is known.

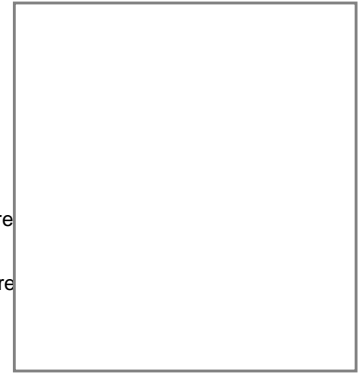


Outlet square and projecting into barrel **c = 0.70**
 Outlet square and sharp **c = 0.80**
 Outlet smooth and rounded **c = 0.90**

The formula which is generally used to compute the discharge at the specified residual pressure or for any desired pressure drop is:

$$Q_r = Q_f \times \frac{H_r^{0.54}}{H_f^{0.54}}$$

Q_r = flow available at desired residual pressure
Q_f = flow during test
H_r = pressure drop to desired residual pressure
H_f = pressure drop during test



WATER ATLAS GRID NO.

TESTING & CALCULATION CHECKED AND CERTIFIED _____ DATE _____

SEAL

CHECKLIST FOR WELL / BOREHOLE PERMIT APPLICATIONS

COMMUNITY DEVELOPMENT DEPARTMENT City of Oxnard

Please check the boxes that correspond to the items you are

submitting

- 1. Signed and completed City of Oxnard Well Permit Application
- 2. Plot plan showing site address, exact location of well(s) / borehole(s), and proposed cross section of well(s) / borehole(s). If required, include approved traffic control plan. Plot plan must be a single line drawing in black and white. Grayscale and photographs are not acceptable.
- 3. Completed City of Oxnard Well Driller's Registration form
- 4. Copy of well driller's City of Oxnard Business license
- 5. If drillers insurance has not been reviewed and approved within the last year, send a copy of driller's certificate of insurance to Carmen.RamirezHR@Oxnard.org. Once approved, provide evidence of approval.
- 6. Completed Well Inspector's Registration form
- 7. Copy of well inspector's professional license
- 8. If permittee's / consultant's insurance has not been reviewed and approved within the last year, send a copy of permittee's / consultants certificate of insurance to Carmen.RamirezHR@oxnard.org. Once approved, provide evidence of approval.
- 9. After the destruction of wells, provide copies of all well logs and drilling information to the County of Ventura Water Shed Protection District, Ground Water Section.
- 10. Each monitoring well in the right of way or on City property requires a \$3000 performance bond. Bond worksheet is included in this packet.

Please send completed application packet to encroachmentpermits@oxnard.org for processing.

Applications can also be processed in person, at 214 S. C St, during counter hours. Counter hours are Mon-Thu 8am - 12pm and every other Friday 9am - 12pm.

For questions, contact us by email at encroachmentpermits@oxnard.org, in person during counter hours, or phone at (805) 385-7925.



CITY OF OXNARD
WELL/BOREHOLE PERMIT APPLICATION
 214 SOUTH C STREET, OXNARD, CA 93030

PERMIT NO. _____

NAME OF WELL OWNER	OWNER MAILING ADDRESS (STREET, CITY, ZIP)	
OWNER TELEPHONE NUMBER () _____	NAME OF WELL DRILLER	LICENSE NUMBER

I hereby agree to comply with all regulations pertaining to well construction, repair, modification and destruction. Within 30 days of completion of work, I will furnish the City of Oxnard Development Services Department with a complete and accurate log of the well. Any modification of this permit requires approval by the City Engineer. Call (805) 385-7925.

Applicant's Signature x _____ **Date:** _____

Owner Driller Consultant (Firm & Phone No.) _____ () _____

Estimated Dates of Work: Start _____ Completion _____ Fax () _____

TYPE OF WORK (Check)	USE (Check)	EQUIPMENT (Check)	WELL DEPTH	PROPOSED CASING
Water Supply Well <input type="checkbox"/>	Public <input type="checkbox"/> Domestic <input type="checkbox"/>	Air Rotary <input type="checkbox"/>	_____	Steel <input type="checkbox"/>
Repair or Modification <input type="checkbox"/>	Agricultural <input type="checkbox"/>	Mud Rotary <input type="checkbox"/>	Feet _____	PVC <input type="checkbox"/>
Destruction <input type="checkbox"/>	LUFT Invest/Clean-up <input type="checkbox"/>	Hollow Stem <input type="checkbox"/>	DIAMETER _____	Other _____ <input type="checkbox"/>
Monitoring (No. _____) <input type="checkbox"/>	Assess/Leak Detect <input type="checkbox"/>	Cable Tool <input type="checkbox"/>	WELLBORE _____	Diameter _____ <input type="checkbox"/>
Borehole (No. _____) <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Inches _____	Wall or Gage _____ <input type="checkbox"/>
Other _____ <input type="checkbox"/>				

PROPOSED SEALING ZONES(S)	SEALING MATERIAL (Check)	PERFORMANCE OR SCREEN
From _____ to _____ Ft. with _____	Neat Cement <input type="checkbox"/> Bentonite Clay <input type="checkbox"/>	From _____ to _____ Ft.
From _____ to _____ Ft. with _____	Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/>	From _____ to _____ Ft.
From _____ to _____ Ft. with _____	(10 Sack/Yd Mix) (6 Sack/Yd Mix)	From _____ to _____ Ft.

LOCATION

INDICATE BELOW THE EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS, INCLUDE DIMENSIONS. LIST ASSESSOR'S PARCEL NUMBER, THOMAS BROS. GUIDE NUMBER, STATE WELL NO. & QUAD NO.

SITE ADDRESS: _____
 SITE MAP ATTACHED

STATE WELL NO. _____

THOMAS BROS. GUIDE _____

TEMPORARY TRAFFIC CONTROL CHECKLIST

Jurisdiction(s)			
Project name			
Project number			
Proposed work hours			
Type of work			
Work location(s)			
Posted speed limits			
	YES	NO	Comments
Does work require the use of k-rails or other barriers?			
Is pedestrian detour required?			
Road closure required?			
Is traffic control required to remain in place for 24 hours or more?			
Worksite within 250 feet of a signalized intersection?			
Will work require the closure of more than one lane on a <u>primary arterial</u> ?			
Work to potentially impact traffic signal detection?			
Does work require temporary speed limit reduction?			
Work to potentially impact school(s)?			
Will work potentially impact railroad?			
Is night work required to complete project?			
Will work impact an existing bus stop(s)?			
Will work potentially interrupt refuse collection?			
Is there potential that trucks will be routed off designated <u>truck routes</u> ?			

TEMPORARY TRAFFIC CONTROL GUIDELINES

Transportation and Mobility Division Approvals

Every traffic control plan (TCP) is required to be submitted with a TCP checklist. If any checklist question requires a “**Yes**” answer, a site-specific traffic control plan with a PE stamp shall be submitted to trafficcontrol.review@oxnard.org. The PE stamp to be applied to the TCP after Transportation & Mobility staff review and deem the TCP ready for approval.

Work sites with checklist questions answering all “**No**” to be submitted to encroachmentpermits@oxnard.org. In lieu of a formal plan, a typical layout or application may be used, subject to the discretion of the City Traffic Engineer. Typical layout/application sheets are found in the latest editions of either the CA-MUTCD or CA Temporary Traffic Control Handbook.

Traffic approval is required prior to permit issuance.

Traffic Control Plan Requirements and Guidelines

- 1) All TCP submissions shall conform to the California Manual on Uniform Traffic Control Devices (CA-MUTCD) latest edition.
- 2) All submissions to include the City’s traffic control checklist with the following information:
 - a) Jurisdiction
 - b) Project name
 - c) Project number
 - d) Proposed work hours
 - e) Type of work
 - f) Work location(s)
 - g) Posted speed limits
 - h) All checklist questions answered
- 3) For multiple day projects on arterial roadways, contractor shall provide Changeable Message Boards (CMS) that inform the public of the project. Sign should be in place 10 calendar days in advance of start of work. Signs placed near residential areas shall be solar powered.
- 4) City’s up-to-date traffic control general notes to be shown on the cover sheet.

TEMPORARY TRAFFIC CONTROL GUIDELINES

- 5) Plan should show the name, address, and telephone number of the individual or organization that prepared the traffic control plan.
- 6) Plans shall be professionally prepared using industry standard drafting software, demonstrating traffic engineering standards and practice.
- 7) Text to read up or from the right.
- 8) Submission shall be in PDF file format.
- 9) Plans to provide a proposed scope of the work as part of the TCP (e.g., trenching for conduit placement in street, pole replacement, etc.).
- 10) Provide a view of the work area using a shaded area or hatch, work vehicle and equipment staging locations.
- 11) Plans to state anticipated project duration and proposed work hours.
- 12) Cover sheet shall include a vicinity map.
- 13) A north arrow shall be included on each sheet and be oriented either up or to the right.
- 14) Provide a legend including all signs used in the plan with their codes and images.
- 15) Include a graphic scale with text, preferably 1" = 40', 50' or 100'.
- 16) Specify street geometry. (street dimensions & orientation)
- 17) The location where the traffic controls are to be implemented. (address or a street location)
- 18) Streets and proposed traffic control area must be labeled. Show all nearby streets with respective names to assure correct location.
- 19) Show all proposed parking restriction zones and signs when applicable.
- 20) Plan shall include existing conditions and modes of transportation including roadways, bike lanes, current striping, cross streets, bus stops, driveways, and intersection control. It is important that plans represent existing field conditions to reduce review comments/approval time-frames.
- 21) Show posted speed limits.
- 22) All areas impacted by the traffic control plan shall be shown.
- 23) Clearly label taper dimensions, cone and sign spacing according to CA-MUTCD standards.

TEMPORARY TRAFFIC CONTROL GUIDELINES

- 24)** In the vicinity of a school (elementary, middle or high school), contractor shall provide for traffic control that accommodates school-aged children walking or riding to and from school.
- 25)** Plan shall reflect working hours outside of school pickup and drop off times to the greatest extent possible. Schedules that take advantage of school closure dates are preferred.
- 26)** Proposed days and hours of TCP shall be included and whether a daily breakdown and set up is needed. Indicate if proposed TCP is to be set up for 24 hours.
- 27)** Phased work should be clearly indicated including proposed times, days and duration.
- 28)** If pedestrians will walk near work area that includes excavation, temporary fencing may be required.
- 29)** Directional or full closures of roadways are not desirable and should be avoided whenever possible.
- 30)** When work impacts crosswalks, there should be no more than one crosswalk closed at a time.
- 31)** A clearance of five (5) feet shall be maintained between any open excavation and any adjacent travel lane. The dimensions shall be clearly shown on the plans.
- 32)** For locations with a posted speed limit of 45 MPH and greater, double base delineators shall be used.
- 33)** In the event of windy weather, barricades and signage to be held in place by using sand bags or other means.
- 34)** Detour vicinity map with standard signs shall be shown when applicable.
- 35)** Lane closures spanning several blocks should include appropriate signage after each intersection as necessary.
- 36)** Open excavation shall include OPEN TRENCH (C27(CA)) signs. When applicable, steel plates shall be placed so that they are not moved by passing vehicles. W8-24 "STEEL PLATE AHEAD" signs shall be placed approaching steel plates. Plates shall be slip resistant and not have any gaps that may trap a bicyclist wheel.

TEMPORARY TRAFFIC CONTROL GUIDELINES

37) Plans that require traffic signal modifications shall be indicated on each page where signal is to be modified with the following note:

TRAFFIC SIGNAL MODIFICATION:

CONTACT TRAFFIC ENGINEERING AT (805) 385-7871 A MINIMUM OF 3 BUSINESS DAYS PRIOR TO ANY TRAFFIC SIGNAL MODIFICATION NEEDED TO ACCOMMODATE THIS TEMPORARY TRAFFIC CONTROL PLAN.















38) In the event that traffic loops are damaged during proposed work, place stamp shown below on each respective page.

DAMAGED TRAFFIC LOOPS:

TRAFFIC SIGNAL DETECTION SHALL NOT BE DISRUPTED BY THE PROPOSED WORK. IF IN-GROUND LOOPS MAY BE DAMAGED AS A RESULT OF PROPOSED CONSTRUCTION, THE CONTRACTOR SHALL ARRANGE FOR THE INSTALLATION OF TEMPORARY VIDEO SIGNAL DETECTION IN ADVANCE OF NEED AT THE DISCRETION OF THE CITY TRAFFIC ENGINEER.

TEMPORARY TRAFFIC CONTROL GUIDELINES

39) Include a legend describing the symbols included on the TCP. (Example below)

LEGEND	
	PORTABLE FLASHING BEACON (P.F.B.)
	TYPE III BARRICADE W/SIGN
	TYPE II BARRICADE W/SIGN
	CHANNELIZING DEVICE
	TRAFFIC CONE WITH CLIP ON SIGN
	TYPE I W/ SIGN
	EXISTING SIGN
	SIGNALIZED INTERSECTION
	FLASHING ARROW BOARD
	HIGH LEVEL WARNING DEVICE (FLAGTREE)
	FLAGGER
TNP	TEMPORARY NO PARKING
	EXISTING DRIVEWAY
	WORK ZONE (ACTIVITY AREA) LIMITS
	DIRECTION OF TRAFFIC (NOT PAVEMENT MARKING)

40) Plans that require flaggers for pedestrians shall add the following note: FLAGGERS ARE REQUIRED TO GUIDE PEDESTRIANS THROUGH THE WORK AREA. (SEE PED NOTES)

PEDESTRIAN CONTROL NOTES:

A DEDICATED INDIVIDUAL(S) WILL HAVE THE RESPONSIBILITY OF ESCORTING PEDESTRIANS THROUGH THE WORK AREA GIVEN THE FOLLOWING CONSIDERATIONS:

1. PEDESTRIANS SHOULD NOT BE LED INTO CONFLICT WITH WORK SITE VEHICLES, EQUIPMENT, OPERATIONS AND MAINLINE TRAFFIC MOVING THROUGH OR AROUND THE WORK ZONE.
2. PROVIDE PEDESTRIANS WITH A SAFE, CONVENIENT AND ACCESSIBLE PATH OF TRAVEL THAT REPLICATES, TO THE GREATEST EXTENT POSSIBLE, THE EXISTING CONDITIONS.

TEMPORARY TRAFFIC CONTROL GENERAL NOTES

1. It is the responsibility of the contractor to install the traffic control devices as shown hereon, as well as any additional traffic control devices as may be required to ensure the safe movement of traffic and pedestrians through or around the work zone, and provide maximum protection and safety to construction workers.
2. All traffic control devices and their placement shall conform to the requirements of the California Manual on Uniform Traffic Control Devices (CA-MUTCD), latest edition.
3. Field changes, other than minor adjustments approved by the City's Inspector or authorized agent, must be authorized in writing by the City of Oxnard Public Works Director or City Traffic Engineer and Engineer of Record.
4. Plan implementation and device placement shall be performed by trained personnel.
5. All flaggers shall be certified as required by California Occupational Safety and Health Act (Cal OSHA).
6. Traffic control devices must be monitored and maintained by the contractor at all times.
7. Temporary no parking signs must be placed 72 hours in advance of scheduled restriction.
8. Contractor shall maintain access to all driveways, residences and businesses at all times unless otherwise noted. Contractor shall notify all affected residences and businesses three (3) business days in advance prior to closure of a driveway or access.
9. Contractor shall notify construction services at (805) 797-3071 and the City Inspector shown on the Inspector's stamp on the approved TCP two (2) business days prior to the start of work.
10. All traffic control devices shall be removed at the end of the working day. Working hours authorized by the City of Oxnard shall not be modified, unless otherwise approved. Violations may result in a stop work notice issued by the City Inspector.
11. When night work is authorized, traffic control devices to remain in place overnight shall be lighted.
12. Traffic control devices shall not be placed on private property, unless otherwise approved.
13. Contractor and Project Manager (PM) shall contact Gold Coast Transit at least three (3) business days before any work near a bus stop or the Oxnard Transportation Center (OTC).
14. If work interferes with normal driveway operation, flaggers shall be used to assist vehicles entering and exiting.
15. If pedestrian detour is infeasible or too excessive, a flagger shall be used to guide pedestrians around work area.
16. If work interferes with normal intersection operations, flaggers shall be used to assist vehicles and/or pedestrians.