STANDARD ENGROACHMENT OF TRANSPORTATION					Page 1 of		
STANDARD ENCROACHMENT PERMIT APPLICATION TR-0100 (REV. 03/2015)				PERMIT NO.			
Please type or print clearly your answers. Complete <u>ALL</u> fields, write "N/A" if not applicable. This application is not complete until all requirements have been approved.					DIST/CO/RTE/PM		
					proved. nt-of-way as follows:	SIMPLEX STAMP	
	requested to em	croach on the				SIMI EEX OTAMI	
1. COUNTY	Margad		2. ROUTE	3. PO	STMILE 4.4.70.44.04	1	
4 ADDRESS OF	Merced STREET NAME		59		14.78-14.34	_	
	ther King Jr	Wav		erced		1	
	ET (Distance and di		323522		OF RIGHT-OF-WAY	DATE OF SIMPLEX STAMP	
Hwy 99			N/A				
	PERFORMED BY	TOD	9. ESTIMAT	ED STAI		10. ESTIMATED COMPLETION DATE	
11.	ES CONTRAC	AVG. DEPTH	AVG. WIDTH	4 1	01-15-18 LENGTH	01-15-18 SURFACE TYPE	
EXCAVATION	N/A	N/A	N/A		N/A	N/A	
12. ESTIMATED	COST WITHIN STAT	TE HIGHWAY RIC	HT-OF-WAY		FUNDING SOURCE(S)		
13.			FEDERAL ST				
PIPES	PRODUCT TYPE N/	Δ	DIAMETER N/A		VOLTAGE / PSIG N/A	14. CALTRANS' PROJECT CODE (ID) N/A	
			14//	<u> </u>	N/A	IN/A	
15. Double F		ermit Number _			IN/A		
	Reference Number			10-			
	lans been reviewed				✓ NO YES (IF "YES") Who?	
17. Completely of	describe work to be	done within ST	ATE Highway	right-of-	14/01/1		
					Marketon → Atta		
					fications, calculations, maps, etc.		
Attach 6 complete	e sets of plans (folder	d to 8.5" x 11") ar	d any applicab	ole specif	fications, calculations, maps, etc.	nuary 15, 2018. The March will	
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The following questions must be completed when a City, County or other public agency IS NOT involved in the approval of this project.

Your answers to these questions will assist Departmental staff in identifying any physical, biological, social or economic resources that may be affected by your proposed project within State Highway right-of-way and to determine which type of environmental studies may be required to approve your application for an encroachment permit.

It is the applicant's responsibility for the production of all required environmental documentation and supporting studies and in some cases this may be costly and time consuming. If possible, attach photographs of the location of the proposed project. Please answer these questions to the best of your ability. Provide a description of any "YES" answers (type, name, number, etc.)

Will any existing vegetation and/or landscaping O	within State Highway right-of-way b	pe disturbed?			
B. Are there waterways (e.g. river, creek, pond, na	ural pool or dry streambed) adjace	nt to or within the limits of the project	ct or State Highway rig	ht-of-way?	
C. Is the proposed project located within five miles NO	of the coast line?				-
D. Will the proposed project generate construction no	noise levels greater than 86 dBA (e	g. jack-hammering, pile driving)?			
E. Will the proposed project incorporate land from a no	a public park, recreation area or wil	dlife refuge open to the public?			
F. Are there any recreational trails or paths within t	ne limits of the proposed project or	State Highway right-of-way?			
G. Will the proposed project impact any structures, no	buildings, rail lines or bridges within	n State Highway right-of-way?			
H. Will the proposed project impact access to any b	usinesses or residences?				
Will the proposed project impact any existing put no	olic utilities or public services?				
J. Will the proposed project impact existing pedestr	ian facilities, such as sidewalks, cro	osswalks or overcrossings?			
K. Will new lighting be constructed within or adjacer NO Will this project cause a substantial change in the services provide a description)		rce (45 years or older), or cultur	al resource?	YES NO	
Is this project on an existing State Highway or street outcropping or a historic building? YES Is work being done on the applicant's property?	NO (If "YES", provide a descri		ding a significant tre	e or stand of trees,	a
Will the proposed project require the disturbance of		f "YES", attach 6 complete sets	of site and grading p	olans.)	
If "YES", estimate the area within State Highway estimate the area outside of State Highway	right-of-way in square feet AND				(acres)
Mill the proposed project require dewatering? If "YES", estimate total gallons AND gallons/mont SOURCE*: STORM WATER NON-ST (*See Caltrans SWMP for definitions of non-storm	ORM WATER	NO (gallons) AND		_ (gallons/month)	
How will any storm water or ground water be disposed as the storm Drain System Combined Sewer / S Other (explain): N/A	sed of from within or near the lin				

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PERMIT NO.	

PLEASE READ THE FOLLOWING CLAUSES PRIOR TO SIGNING THIS ENCROACHMENT PERMIT APPLICATION.

The applicant, understands and herein agrees that an encroachment permit can be denied, and/or a bond required for non-payment of prior or present encroachment permit fees. Encroachment Permit fees may still be due when an application is withdrawn or denied, and that a denial may be appealed, in accordance with the California Streets and Highways Code, Section 671.5. All work shall be done in accordance with the California Department of Transportation's (Department) rules and regulations subject to inspection and approval.

The applicant, understands and herein agrees to the general provisions, special provisions and conditions of the encroachment permit, and to indemnify and hold harmless the State, its officers, directors, agents, employees and each of them (Indemnitees) from and against any and all claims, demands, causes of action, damages, costs, expenses, actual attorneys' fees, judgments, losses and liabilities of every kind and nature whatsoever (Claims) arising out of or in connection with the issuance and/or use of this encroachment permit and the placement and subsequent operation and maintenance of said encroachment for: 1) bodily injury and/or death to persons including but not limited to the Applicant, the State and its officers, directors, agents and employees, the Indemnities, and the public; and 2) damage to property of anyone. Except as provided by law, the indemnification provisions stated above shall apply regardless of the existence or degree of fault of Indemnities. The Applicant, however, shall not be obligated to indemnify Indemnities for Claims arising from the sole negligence and willful misconduct of State, its officers, directors, agents or employees.

An encroachment permit is not a property right and does not transfer with the property to a new owner.

COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA) OF 1990: All work within State Highway right-of-way shall be conducted in compliance with all applicable Federal, State and Local Access laws, regulations and guidelines including but not limited to the Americans with Disabilities Act Accessibility Guidelines (ADAAG), the Public Rights-of-Way Guidelines (PROWG), the Department's current Design Information Bulletin 82, "Pedestrian Accessibility Guidelines for Highway Projects", the Department's Encroachment Permits Manual and encroachment permit.

DISCHARGES OF STORM WATER AND NON-STORM WATER: All work within State Highway right-of-way shall be conducted in compliance with all applicable requirements of the National Pollutant Discharge Elimination System (NPDES) permit issued to the Department, to govern the discharge of storm water and non-storm water from its properties. Work shall also be in compliance with all other applicable Federal, State and Local laws and regulations, and with the Department's Encroachment Permits Manual and encroachment permit. Compliance with the Department's NPDES permit requires amongst other things, the preparation and submission of a Storm Water Pollution Protection Plan (SWPPP), or a Water Pollution Control Program (WPCP), and the approval of same by the appropriate reviewing authority prior to the start of any work. Information on the requirements may also be reviewed on the Department's Construction Website at:

http://www.dot.ca.gov/hq/construc/stormwater

25. NAME OF APPLICANT OR ORGANIZATION			403			
City of Merced Police Department						
ADDRESS OF APPLICANT OR ORGANIZATION WHERE PE 611 W. 22nd Street	RMIT IS TO BE MAILED (In	clude City and Zip C	Code)			
E-MAIL ADDRESS		PHONE NUMBER	1	FAX NUMBER		
strublej@cityofmerced.org		209-385-473		209-388-7875		
26. NAME OF AUTHORIZED AGENT / ENGINEER (A "Lette	r of authorization" is require	d if different from	#25) IS A LET	TER OF AUTHORIZ	ATION ATTACHED?	
Lt. Jacob Struble		1	☐ YES	☑ NO		
ADDRESS OF AUTHORIZED AGENT / ENGINEER (Include Co. 611 W. 22nd Street	City and Zip Code)					
E-MAIL ADDRESS		PHONE NUMBER		FAX NUMBER		
strublej@cityofmerced.org		209-385-4739		209-288-7875		
27. NAME OF BILLING CONTACT (Same as #25 Same	as #26 🗸)					
BILLING ADDRESS WHERE INVOICE(S) IS/ARE TO BE MAII	LED (Include City and Zip Co	ode)				
E-MAIL ADDRESS		PHONE NUMBER		FAX NUMBER		
28. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT	29. PRINT OR TYPE NAME		30.TITLE		31. DATE	
	Jacob Struble		Lieutenant		12-13-17	