

SPECIAL USE PERMIT APPLICATION

For Development Services Office Use Only:

SU PERMIT # _____ EN/BP PERMIT# _____ /At Risk

COMPANY NAME: _____

Registrar of Contractors License Number: _____

City of Tempe Sales Privilege License Number: _____

Phone #: _____ Fax #: _____ E-Mail: _____

Site Address: _____

Dates of Operation: _____

On-Site Work Hours (After Hours Approval Needed Between 6pm-6am): _____

Description of Work: _____

- PROVIDE MAP with street names, address, and location of work within ROW (attach to application)
- AFTER-HOURS WORK (Tempe ordinance: Chapter 20, Sec 20-1 thru Section 20-11)
(Submit request by email to Neighborhood@tempe.gov or fax to Neighborhood Services at (480) 350-8996)
- Email Application to: Permitcenter@tempe.gov

For Traffic Engineering - Office Use Only:

Traffic Control Plan Required: Yes No Two-Way Radios Required: Yes No

Flagman Required at Entrance: Yes No Two-Way Radios Required: Yes No

Flagman Required at Exit: Yes No

Off-Duty Police Officer Required: Yes No

Any questions related to hauling routes applications or permits should be directed to:

- Traffic Engineering (Haul Routes & Traffic Control): (480) 350-8219 or Trafficbarricade@tempe.gov
- Community Development (Fees, Insurance, & Permits): (480) 350-4311 or Permitcenter@tempe.gov
Neighborhood Services (480) 350-8223 or Neighborhoods@tempe.gov
(After Hours – Noise Abatement)
- Tempe Tax and License (Sales Privilege Tax) (480) 350-2955

CONTRACTOR INFORMATION CHECKLIST

_____ **ROC Contractor's License**

Contractor License Class A is required for right-of-way work. Other license classifications will need pre-approval by Sr. Civil Engineer.

_____ **City of Tempe Sales Privilege Tax Number**

Contact City of Tempe Tax and License Division at 480-350-2955

_____ **Certificate of Liability Insurance** (See Acord sample)

Remove any job or project references on Certificate of Insurance.

_____ General Liability: \$1,000,000.00

_____ Automobile Liability: \$1,000,000.00

_____ Worker's Compensation

_____ City of Tempe is additionally insured for Auto & General Liability

Certificate Holder: City of Tempe, 31 East 5th St., Tempe, AZ 85281

Cancellation Options:

- a. _____ 30-day notice of cancellation/10 day non-payment listed under "Description of Operations/Locations/Vehicles"
- b. _____ Separate endorsement for 30 day notice of cancellation
- c. _____ Separate letter on Letterhead from contractor

****To verify that all documentation complies with these requirements, email: permitcenter@tempe.gov or Fax to 480-350-8560****

To submit or for questions related to the application or permit, please call:

Engineering (Fees, Insurance, Permits)	480-350-8288
Neighborhood Services	480-350-8223 (After Hours Noise Abatement)
Tempe Tax & License (Sales Privilege Tax)	480-350-2955
Traffic Engineering - Ramon Mata	480-350-2924 (Haul Routes & Traffic Control)
	480-350-8025 Julian Dresang



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Current Date

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 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).

PRODUCER

Insurance Agent/Broker Name
Address
City, State, Zip

CONTACT

NAME:
PHONE (A/C, No, Ext): FAX (A/C, No):
EMAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Contractor's Name
Address
City, State, Zip

COVERAGES

CERTIFICATE NUMBER:

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 CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>		Policy Number	Date	Date	DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>		Policy Number	Date	Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DEC <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Policy Number	Date	Date	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> state req.
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N		N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Tempe is additionally insured for Automobile and General Liability.

Remove any job or project references

Option 1: 30 day notice of cancelation/ 10 day non-payment.

Option 2: Separate Endorsement for 30 day notice of cancelation.

Option 3: Separate letter on contractor's letterhead. See Cancelation Letter

CERTIFICATE HOLDER

City of Tempe
31 East 5th Street
Tempe, AZ 85281

CANCELLATION

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

Agent / Broker Signature

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CONTRACTOR PROVIDED COI CANCELLATION LETTER

Risk management has established guidelines for a letter from contractors to the City of Tempe guaranteeing timely notice of insurance cancellation needed for working in the right-of-way.

This letter obligates the contractor to notify the City of Tempe of any changes to the required insurance coverage and not just cancellation. Any changes deemed unacceptable by the City of Tempe may cause any and all Engineering permits to be suspended or revoked until the insurance is deemed to be in compliance with City of Tempe Engineering requirements.

The letter may state that it is for permits, but may not reference job site or permit numbers. The letter shall reference the General Liability and Auto Liability policy numbers. Please include Umbrella or Excess policy numbers if such policies were used to reach the required coverage limits. The letter will be signed by the business owner or company officer of high standing, and not by an administrative assistant or secretary. It also must be on the company letterhead.

Here is the language that will be considered acceptable:

(Company name) will provide the City of Tempe with a 30-day advance **written** notice, if any of their insurance policies (insert appropriate policy numbers here) have been cancelled, terminated, non-renewed or materially changed and do not meet the requirements of the permit, and a 10-day notice for cancellation due to non-payment of premium. Notice will be sent by certified letter via the U.S Postal Service to:

City of Tempe
Community Development Department
Development Services Division
31 E. 5th Street
Tempe, AZ, 85281

If you have any questions, please contact the City of Tempe, Community Development Department at: 480) 350-4311 or email permitcenter@tempe.gov

Dear Contractor:

Tempe City Code (the "TCC") 20-8 regulates allowed hours and noise levels for all construction work in the City of Tempe, including commercial and industrial zones that are not within 500 feet of a residential zone. In extenuating circumstances, not merely convenience, you may request a Letter of Authorization to work outside the allowed hours and to exceed allowed noise levels.

To obtain a Letter of Noise Authorization, it is necessary to submit a formal written request using company letterhead to the City of Tempe. If approved, you will receive a signed Letter of Noise Authorization via fax or email from the Neighborhood Services Division, and internal appropriate City staff will be provided an unsigned copy (via e-mail), as a formal notification of your permission to work evenings and/or early morning hours.

Steps required for application:

On your company letterhead, indicate the following information:

- Contractor Name
- Contact Information, should complaints arise **during** construction
 - On-Site Contact Name
 - On-Site Telephone Number
 - **FAX Number or email address** (to fax or email back your approval if granted)
- Project Name (if applicable)
- On-Site: Project Number
 - (example: EN_____)
- Off-Site: Permit Number (depending on the nature of work)
 - (example: WA_____, UT_____)
- Location of the work On-Site or Off-Site:
 - Street address / closest major crossroads / specific location of work zone
- Specific nature of work (short, basic lay person description)
- Specific work hours requested (begin and end time)
- Specific work dates requested (begin and end date)
- Residential Impact Study
 - Aerial picture showing a minimum of 1000 foot radius from work site (example: <http://maps.google.com/>)
 - On the same aerial picture, show a 500 foot radius
 - List of Residents affected within the 500 foot radius
 - Should residents be affected, please include your draft resident notification flyer (see attached sample). Upon approval of the flyer, you shall distribute within the affected area prior to start of work.
- Reason for work outside normal hours (see TCC 20-8 for allowed reasons).

Applications must be submitted a minimum of 48 hours in advance of scheduled work.

Please submit your request by email or fax to Neighborhood Services at 480-350-8996 (fax) or neighborhoods@tempe.gov. In the event you have any questions regarding this process, please contact me at 480-350-8883 or shauna_warner@tempe.gov.

We look forward to working with you.

Thank you,
Shauna Warner
Neighborhood Services Director