



COUNTY OF SAN JOAQUIN

DEPARTMENT OF PUBLIC WORKS
P.O. BOX 1810-1810 E. HAZELTON AVENUE
STOCKTON, CALIFORNIA 95201
(209) 468-3000
FAX # (209) 468-9324

Permit No: PS-1603253
Date Issued: 10/18/2016
Start Date: 11/12/2016
Exp. Date: 11/12/2016
Project No: PWP110005
Quad: NW

ENCROACHMENT PERMIT

To: WOODBRIDGE FIREFIGHTERS ASSOCIATION
400 E. AUGUSTA ST.
WOODBRIDGE, CA 95258

Encroachment Type:

BOOT DRIVE			
------------	--	--	--

Location:

INTERSECTION OF MOKELUMNE ST. AND LOWER SACRAMENTO RD. AT ALL THREE STOP SIGNS

In compliance with your request of 10/18/2016, permission is hereby granted to do work in County right-of-way as shown on attached application and subject to all the terms, conditions and restrictions written below or printed as general or special provisions on any part of this form. See reverse side and attached sheet, if any.

Trench excavations for service connections will not be permitted within ten feet (10') of pavement centerline unless otherwise approved by the Director. Surface of trench patches shall match in kind and be smooth and even with that of abutting surface. Special attention shall be given to depth of utilities through roadside area in anticipation of future drainage facilities, road profile and/or frontage development. All underground utility facilities are to be established and accurately dimensioned on sketches from surveyed centerline of road right of way, or from right of way (border) lines.

Permittee shall call the Department of Public Works, Field Engineering Division (Permit Inspections) at (209)953-7421 at least forty-eight hours prior to beginning any work within the County right of way. All work performed under this permit shall conform to the rules and regulations pertaining to safety established by the California Division of Industrial Safety and Cal-OSHA.

The jobsite shall be kept in a safe condition at all times by the daily removal of any excess dirt or debris which might be a hazard to either pedestrian or automobile traffic. All necessary traffic convenience and warning devices and personnel shall be provided, placed and maintained by and at the sole expense of the Permittee in accordance with the latest edition of the CALTRANS Manual of Traffic Control.

After completion of the work permitted herein, all debris, lumber, barricades, or any excess material shall be removed and the jobsite left in a neat workmanlike manner. Immediately following completion of construction permitted herein, Permittee shall fill out and mail notice of completion (see attached post card) provided by Grantor.

Special Comments:

Traffic Control Per MUTCD*****1-DAY BOOT DRIVE EVENT ON 11/12/2016 FROM 9:00AM TO 4:00PM*****

FORMS:

--	--	--

Est. Permit Fee: \$0.00

WHITE -Permittee
GOLDENROD -PWD Central File
YELLOW -Field Inspection
PINK -Permit Section

KRIS BALAJI, Director
Department of Public Works

By: 
Permit Section

ENCROACHMENT PERMIT GENERAL PROVISIONS

13-1.

1. This permit is issued under and subject to all laws and ordinances of agencies governing the encroachment herein permitted. See the following references:
STREETS AND HIGHWAYS CODE
 1. Division 1, Chapter 3
 2. Division 2, Chapter 2, Section 942
 3. Division 2, Chapter 4, Section 1126
 4. Division 2, Chapter 5.5 and Chapter 6

SAN JOAQUIN COUNTY ORDINANCES NUMBERED: 324, 441, 648, 662, 672, 695, 700, 860, 892, 3359, and 3675.

2. It is understood and agreed by the Permittee that the performance of any work under this permit shall constitute an acceptance of all the provisions contained herein and failure on the Permittee's part to comply with any provision will be cause for revocation of this permit. Except as otherwise provided for public agencies and franchise holders, this permit is revocable on five days notice.
3. All work shall be done subject to the supervision of and the satisfaction of the grantor. The Permittee shall at all times during the progress of the work keep the County Highway in as neat and clean condition as is possible and upon completion of the work authorized herein, shall leave the County Highway in a thoroughly neat, clean and usable condition.
4. The Permittee also agrees by the acceptance of this permit to properly maintain any encroachment structure placed by the Permittee on any part of the County Highway and to immediately repair any damage to any portion of the highway, which occurs as a result of the maintenance of the said encroachment structure, until such time as the Permittee may be relieved of the responsibility for such maintenance by the County of San Joaquin.
5. The Permittee also agrees by the acceptance of this permit to make, at its own expense, such repairs as may be deemed necessary by the County Department of Public Works.
6. It is further agreed by the Permittee that whenever construction, reconstruction or maintenance work upon the highway is necessary, the installation provided for herein shall, upon request of the County Department of Public Works, be immediately moved or removed by and at the sole expense of the Permittee.
7. No material used for fill or backfill in the construction of the encroachment shall be borrowed or taken from within the County right of way.
8. All work shall be planned and carried out with as little inconvenience as possible to the traveling public. No material shall be stacked within eight feet (8') of the edge of the pavement or traveled way unless otherwise provided herein. Adequate provision shall be made for the protection of the traveling public. Traffic control standards shall be utilized including barricades; approved signs and lights; and flagmen, as required by the particular work in progress.
9. The Permittee, by the acceptance of this permit, shall assume full responsibility for all liability for personal injury or damage to property which may arise out of the work herein permitted or which may arise out of the failure of the part of the Permittee to properly perform the work provided under this permit. In the event any claim of such liability is made against the County of San Joaquin or any department, official or employee thereof, the Permittee shall defend, indemnify, and hold each of them harmless for such claim.
10. All backfill material is to be moistened as necessary and thoroughly compacted with mechanical means. If required by the County Director of Public Works, such backfill shall consist of gravel or crushed rock. The Permittee shall maintain the surface over structures placed hereunder as may be necessary to insure the return of the roadway to a completely stable condition and until relieved of such responsibility by the County Department of Public Works. Wherever a gravel, crushed rock or asphalt surface is removed or damaged in the course of work related to the permitted encroachment, such material shall either be separately stored and replaced in the roadway as nearly as possible in its original state or shall be replaced in kind, and the roadway shall be left in at least as good a condition as it was before the commencement of operations of placing the encroachment structure.
11. Whenever it becomes necessary to secure permission from abutting property owners for the proposed work, such authority must be secured by the Permittee prior to starting work.
12. The current and future safety and convenience of the traveling public shall be given every consideration in the location and methods of construction utilized.
13. The Permittee is responsible for the preservation of survey monuments located within the area of work herein permitted. Prior to the start of construction, survey monuments that potentially may be disturbed shall be located and referenced by a Licensed Land Surveyor, and a Corner Record filed with the County Surveyor. Any Survey Monuments disturbed during the course of construction shall be reestablished by a Licensed Land Surveyor and another Corner Record filed with the County Surveyor. (Land Surveyors' Act Section 8771)
14. Prior to any excavation, the Permittee shall notify USA North (Underground Service Alert of Northern California and Nevada) at 811 or 800-227-2600 forty-eight (48) hours in advance.

APPLICATION FOR ENCROACHMENT PERMIT

PLEASE PRINT:

Date 10/12/2016

To: San Joaquin County
Department of Public Works

WOODBIDGE FIREFIGHTERS ASSOCIATION
(Applicant Name)

400 EAST AUGUSTA STREET
(Mailing Address)

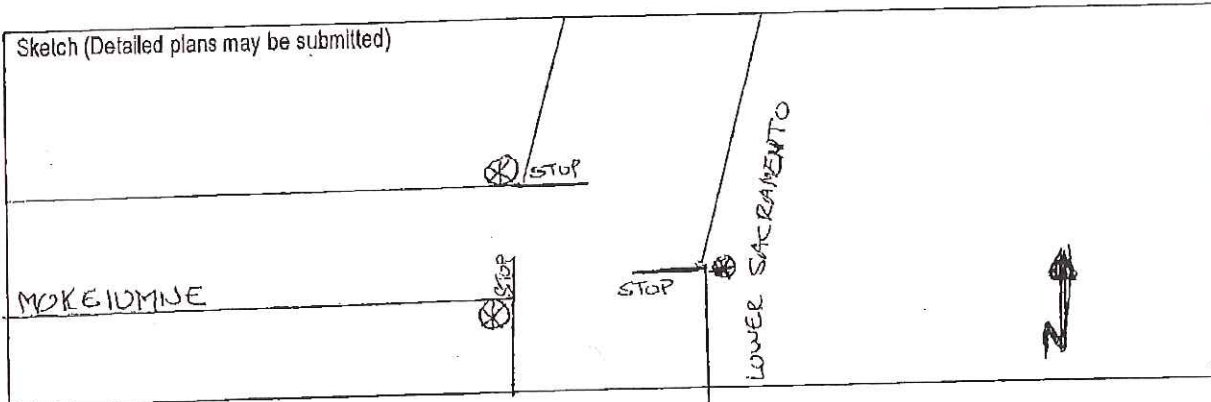
WOODBIDGE, CA 95258
(City, State, Zip Code)

209 361 1945
(Area Code - Telephone Number)

OFFICE USE ONLY

JOB # 110005 REF # _____
APN _____ CR# _____
EXP. DATE 11/12/16 TO 11/12/16 DRIVEWAYS: _____
VALID 11/12/16 TO 11/12/16 _____
STREET Mokelumne & Lower Sacramento _____
AREA Woodbridge QUAD NW _____
TYPE Foot Drive _____
FORMS _____
NOTES _____

Sketch (Detailed plans may be submitted)



The undersigned hereby applies for permission to excavate, construct and/or otherwise encroach on County Highway Right-of-Way on the INTERSECTION side of MOKEUMNE/LOWER SACRAMENTO approximately 50 (feet/mile) of _____, by performing the following work (description of work):
FILL THE FOOT FUNDRAISER FOR THE FIREFIGHTER BURID INSTITUTE

Work will commence on or about 11/12/2016 9AM-4PM for approximately 7 HOURS _____ days.

I, the undersigned, certify that I am the owner of the respective property, or am qualified to represent the owner and agree to do the work described above in accordance with the rules and regulations of San Joaquin County and subject to inspection and approval.

[Signature] Fire Chief
Signature of Applicant - Title

10-27-16
Date

Woodbridge Florist
18964 N. Lower Sac.

Caution
Boot Drive

N. Lower Sacramento Rd.

Cactus
18691 N. Lower Sac.

Parking

Mokelum St.

Caution Boot Drive

**Caution Boot Drive = Signs Placed 1,000 feet before intersections
Firefighter Participant's Location - X**

7 NORTH

Google maps Address:

To see all the details that are visible on the screen, use the "Print" link next to the map.

[Print](#) [Send](#) [Link](#)





Serving the Community with Pride Since 1942

WOODBIDGE FIRE FIGHTER'S ASSOCIATION

400 E. Augusta St.
Woodbridge, CA. 95258
(209) 369-1945

Application for Encroachment Permit
San Joaquin County

October 12, 2016

Statement of Activity:

The Woodbridge Fire Fighter's Association is planning to host a Boot Drive fundraising event to benefit the Firefighter's Burn Institute.

The event is scheduled for Sunday, November 12, 2016 from 9:00 am to 4:00 pm at the intersection of Mokelumne Street and Lower Sacramento Road in Woodbridge, CA.

There will be the placement of signage and safety cones along the right-of-way within 1,000 feet of the intersection. The signs will say "Shoulder Work Ahead" notifying the traveling public of an activity at the approaching intersection. The safety cones will be supplemented near the signs to separate the traveling public from activities at the shoulder. To enhance awareness of pedestrians near the crosswalks, a cone will be placed at the center line of Mokelumne Street and Lower Sacramento Road on the approach bar of the crosswalks.

Participating association members will wear high reflective clothing to enhance visibility net the intersection.

Attachments include:

1. Application for Encroachment Permit.
2. Drawing of event area with listed precautions and participate locations.
3. Overhead Map.
4. Certificate of Liability Insurance.
5. Fundraiser Recipient Information.

Thank you for your consideration.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/12/2016

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 All-Cal Insurance Agency 505 Vernon Street Roseville CA 95678		CONTACT NAME: DiAnna Martin PHONE (A/C, No, Ext): (916) 784-9070 FAX (A/C, No): (916) 784-0158 E-MAIL ADDRESS: dianna@all-calinsurance.com	
INSURED Firefighters Burn Institute 3101 Stockton Blvd. Sacramento CA 95820		INSURER(S) AFFORDING COVERAGE INSURER A: Nonprofits' Insurance Alliance of INSURER B: North American Elite Insurance INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 011845 29700A	

COVERAGES

CERTIFICATE NUMBER: CL161605112

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			2016-14425NPO	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input checked="" type="checkbox"/> IMPROPER SEXUAL CONDUCT	<input checked="" type="checkbox"/>					MED EXP (Any one person) \$ 20,000
	<input type="checkbox"/> \$ 250,000 / 250,000						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/OP AGG \$ 2,000,000
	OTHER:						LIQUOR LIABILITY \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input 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) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			2016-14425UMB	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$ 4,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input checked="" type="checkbox"/>					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
B	EMPLOYEE DISHONESTY			CWB 000 3844-12 14425	1/1/2016	1/1/2017	LIMITS 100,000
	FORGERY & ALTERATION						DEDUCTIBLE 250

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

WOODBIDGE FIRE PROTECTION DISTRICT, ITS OFFICERS, AGENTS, OFFICIALS, EMPLOYEES, AND VOLUNTEERS ARE NAMED ADDITIONAL INSURED FOR THE BOOT DRIVE ON NOVEMBER 12, 2016 AT THE INTERSECTION OF MOKELUMNE ST AND LOWER SACRAMENTO RD IN WOODBRIDGE, CA. FORM CG 20 10 APPLIES.

CERTIFICATE HOLDER

(209) 369-4568

WOODBIDGE FIRE PROTECTION DISTRICT
ATTN: CHIEF STEVE BUTLER
400 E AUGUSTA ST
WOODBIDGE, CA 95258

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

Joe Esparza

© 1988-2014 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Named Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
WOODBIDGE FIRE PROTECTION DISTRICT, ITS OFFICERS, AGENTS, OFFICIALS, EMPLOYEES, AND VOLUNTEERS ARE NAMED ADDITIONAL INSURED FOR THE BOOT DRIVE ON NOVEMBER 12, 2016 AT THE INTERSECTION OF MOKELUMNE ST AND LOWER SACRAMENTO RD IN WOODBRIDGE, CA. FORM CG 20 10 APPLIES.	
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 the person(s) or
Organization(s) shown in the Schedule, but only
With respect to liability for “bodily injury”, “property
Damage” or “personal and advertising injury”
caused, in whole or in part by:

1. Your acts or omissions; or
2. The Acts or omissions of those acting on your
behalf;

in the performance of your ongoing operation for
the additional insured(s) at the location(s)
designated above.

HOWEVER:

1. The insurance afforded to such additional
insured only applies to the extent permitted by
law; and

2. 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.

B. With respect to the insurance afforded to these
additional insureds, the following additional
exclusions apply:

This insurance does not apply to “bodily injury” or
“property damage” occurring after:

1. All work, including materials, parts or
equipment furnished in connection with such
work, on the project (other than service,
maintenance or repairs) to be performed by or
on behalf of the additional insured(s) at the
location of the covered operations has been
completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project

2. Available under the applicable Limits of insurance show in the Declarations; whichever is less.

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

C. 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



FIREFIGHTERS BURN INSTITUTE

3101 Stockton Blvd., Sacramento, CA 95817
(916) 739-8525 / (916) 455-4376 fax
www.ffburn.org / email: staff@ffburn.org

2016 "Fill the Boot for Burns"

Coordinator Contact Form

- Satellite Location -



Please Print All Names EXACTLY how you would like to be recognized on ALL printed materials, such as Plaques, Press Releases, etc.

Part One

Host Department / Association Information:

Name: Woodbridge Fire
District
Department Mailing Address:
400 East Augusta
City: Woodbridge CA, Zip: 95158
County: SAN JOAQUIN
Dept. Phone: (209) 369-1945
Chief Name: STEVE B. HER
Other Depts./Associations Participating With You:
1. _____
2. _____

Part Two

Lead Coordinator Information:

Name: Matthew Evered
T-Shirt Size: Small Medium Large X-Large XX-Large
Preferred Contact Phone: (831) 535-3998
Cell Home Work Other: _____
E-mail: Matt.Evered @ woodbridgefire.org

Co-Coordinator: (If applicable)

Name: _____
T-Shirt Size: Small Medium Large X-Large XX-Large
Preferred Contact Phone: (____) _____ - _____
Cell Home Work Other: _____
E-mail: _____ @ _____

Part Three

Boot Drive Event Information:

Planned Date(s): 11/12/2016
Location(s) /
Intersection: McKelowne + Lower
Sacramento, Woodbridge CA
Expected # of Volunteers: 10
Banners/Stand-Up Signs:
☐ I already have: ____ Banners / ____ Stand-Up Signs.
☒ I will be needing: 1 Banners / 2 Stand-Up Signs.
☒ Please mail to the address listed in Part One on this form. *NOTE: Stand-Up signs can NOT be mailed due to size.
☐ I plan to pick up** at the FFBI office on date: ____/____/____
**Please call in advance to arrange/confirm pick-up.

Part Four

To Do:

1. Complete This Form
2. Make a Copy if Needed
3. Mail or Fax This Form to: (916) 455-4376 fax

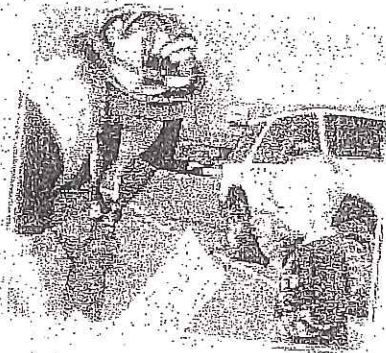
Firefighters Burn Institute
Attn: Rachel Crowell
3101 Stockton Blvd.
Sacramento, CA 95820

If Needed:

4. Arrange Pick-Up Time/Date for Materials/Banners
5. Request Liability Insurance from FFBI
6. Call or Email FFBI Office With Any Questions:
Rachel - (916) 739-8525 Ext. 105 / rachel@ffburn.org
7. Have a Safe, Fun & Successful Event!!

Thank you for helping to make the 2016 "Fill the Boot for Burns" Boot Drive a great success!

Firefighters Burn Institute

[Home](#)[Mission](#)[Services](#)[Events](#)[People](#)[Funding](#)[FF Kids Camp](#)[Little Heroes Preschool Camp](#)[Adult Retreat](#)[Survivor Cruise](#)["Fill-the-Boot"](#)[Juvenile Fireselling](#)[Donate a Vehicle](#)[FFBI Merchandise](#)[FFBI Newsletter](#)[Question?](#)

Catharine Shaw, Interim-Director

3101 Stockton Blvd.,
Sacramento CA 95820

Phone: (916) 739-8525 Fax: (916) 455-4376

Find out more about our NEW burn center!

DONATE NOW through Network for Good

NOTE: We have recently been made aware of several scams requesting donations in our name for burn survivors and burn camps.

- The Firefighters Burn Institute DOES NOT solicit donations over the telephone -
- FFBI proudly meets the Northeast California Better Business Bureau standards for ethical conduct and charitable accountability.

- Last Updated: December 15, 2009 -
Privacy Policy

[Contact Us](#)[Site Map](#)[Help with our Burn Center](#)[Web Links](#)