

DEPARTMENT: Administration
(On Behalf of the Lions Club)

BY: Rick Benson
PHONE: 966 3222

RECOMMENDED ACTION AND JUSTIFICATION:

Declare the September 3, 2011 Labor Day Parade a County Sponsored Event, approve issuance of a County insurance certificate to Caltrans, approve the application for a Cal Trans Encroachment Permit in support of closing HWY 140 11 am - 12:30pm, between Hwy 49 North and Hwy 49 South, Saturday, September 3, 2011, and authorize the Chair to sign the attached letter documenting the Board's support and approval.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has always supported the Labor Day parade

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Cal Trans will likely deny the Encroachment Permit Application and endanger the traditional Fair parade.

| | | |
|---|------------------------|---|
| Financial Impact? (X) Yes () No | Current FY Cost: \$900 | Annual Recurring Cost: \$ |
| Budgeted In Current FY? (X) Yes () No () Partially Funded | | |
| Amount in Budget: \$ _____ | | List Attachments, number pages consecutively |
| Additional Funding Needed: \$ _____ | | Board Letter |
| Source: | | Lions Letter |
| Internal Transfer _____ | | Cal Trans Encroachment Permit Application |
| Unanticipated Revenue _____ 4/5's vote | | Parade Map |
| Transfer Between Funds _____ 4/5's vote | | CHP Letter |
| Contingency _____ 4/5's vote | | Lions Insurance Certificate |
| () General () Other | | MC Public Works Encroachment Permit Application |

CLERK'S USE ONLY:

Res. No.: 11-358 Ord. No. _____
Vote - Ayes: 4 Noes: _____
Absent: *[Signature]*
[Signature] Approved
() Minute Order Attached () No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California

By: _____
Deputy

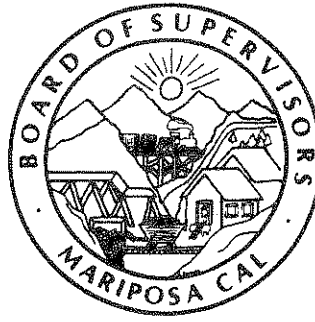
COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
Comments:

CAO: *[Signature]*

Mariposa County Board of Supervisors

District 1 LEE STETSON
District 2 LYLE TURPIN
District 3 JANET BIBBY
District 4 KEVIN CANN
District 5 JIM ALLEN



RICHARD J. BENSON
County Administration Officer

MARGIE WILLIAMS
Clerk of the Board

P. O. Box 784
Mariposa, CA 95339
(209) 966-3222
(800) 736-1252
Fax (209) 966-5147
www.mariposacounty.org/board

July 12, 2011

Steve Waldron
Department of Transportation District 10
PO Box 2048
Stockton California 95201

Dear Mr. Waldron,

On July 12, 2011, the Mariposa County Board of Supervisors adopted a Resolution approving the detour of traffic from state routes to Mariposa County roadways on September 3, 2011 for the duration of the "Labor Day Fair Parade" that is sponsored by Mariposa County and the Mariposa Lions Club.

Mariposa County agrees to hold Cal Trans and the State of California harmless for any damages to county roadways as a result of the detour.

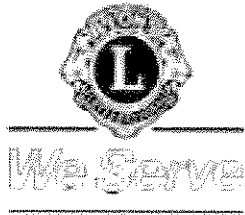
Thank you for your consideration in this matter.

Sincerely,

/s/

Jim Allen
Chair, Mariposa County Board of Supervisors

cc: Board of Supervisors
Mariposa Lions Club



Mariposa Lions Club

PO Box 801, Mariposa California 95338

July 13, 2011

Steve Waldron
Permit Engineer
Department of Transportation
PO Box 2048
Stockton California 95201

Dear Mr. Waldron,

Attached is the Standard Encroachment Permit Application for the annual Mariposa County Labor Day Parade, schedule September 3, 2011.

The package includes a letter from our Board of Supervisors agreeing to hold Cal Trans and the State of California harmless for any damages to County roadways as a result of the detour. Also included is a letter from the Mariposa office of the California Highway Patrol and a map of the staging area, parade route and detour.

The Local Cal Trans office will provide cones and Detour ahead signs as they have in the past. Our County public works department will provide road barricades and detour signs. They are identified by number on the map. No Parking signs will be posted along the parade route 48 hours in advance (at minimum).

Our Insurance Certificate, covering the event, is included in the permit application.

If you require further information please do not hesitate to contact me at 209 966 7170 or hrv@sti.net

Thank you for your help.

Regards,

A handwritten signature in black ink, appearing to read "Harry Booth". The signature is written in a cursive style and is positioned above the printed name.

Harry Booth
Mariposa Lions Club

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
STANDARD ENCRoACHMENT PERMIT APPLICATION
 TR-0100 (REV. 07/2007)

Permission is requested to encroach on the State Highway right-of-way as follows:
 (Complete all BOXES [write N/A if not applicable])
 This application is not complete until all requirements have been approved.

| FOR CALTRANS USE | |
|-----------------------|--|
| PERMIT NO. | |
| DIST/CO/RTE/PM | |
| SIMPLEX STAMP | |
| DATE OF SIMPLEX STAMP | |

| | | | | | |
|--|--------------|---|--|---|--------------|
| 1. COUNTY Mariposa | | 2. ROUTE 140 | | 3. POSTMILE | |
| 4. ADDRESS OR STREET NAME 5100 Bullion St | | | 5. CITY Mariposa | | |
| 6. CROSS STREET (Distance and direction from site) | | | 7. PORTION OF RIGHT-OF-WAY Hwy 140 | | |
| 8. WORK TO BE PERFORMED BY <input checked="" type="checkbox"/> OWN FORCES <input type="checkbox"/> CONTRACTOR | | 9. EST. START DATE September 3, 2011 | | 10. EST. COMPLETION DATE September 3, 2011 | |
| 11. EXCAVATION | MAX. DEPTH | AVG. DEPTH | AVG. WIDTH | LENGTH | SURFACE TYPE |
| 12. EST. COST IN STATE HIGHWAY RIGHT-OF-WAY | | | FUNDING SOURCE(S) <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL <input type="checkbox"/> PRIVATE | | |
| 13. PIPES | PRODUCT TYPE | DIAMETER | VOLTAGE / PSIG | 14. CALTRANS PROJECT E.A. NUMBER | |

15. Double Permit Parent Permit Number _____
 Applicant's Reference Number / Utility Work Order Number _____

16. Have your plans been reviewed by another Caltrans branch? NO YES (If "YES") Who? _____

17. Completely describe work to be done within STATE highway right-of-way :
 Attach 6 complete sets of FOLDED plans (folded 8.5" x 11"), and any applicable specifications, calculations, maps, etc.
 All dimensions shall be in U.S. Customary (English) Units.

Detour traffic on Hwy 140 Between Hwy 49 North and Hwy 49 South in the Town of Mariposa
 on Septemebr 3, 2011 10:50 AM - 12:30 PM for the annual Labor Day Parade

18. Is a city, county, or other agency involved in the approval of this project?

YES (If "YES", check type of project and attach environmental documentation and conditions of approval.)

COMMERCIAL DEVELOPMENT BUILDING GRADING OTHER _____

CATEGORICALLY EXEMPT NEGATIVE DECLARATION ENVIRONMENTAL IMPACT REPORT OTHER _____

NO (If "NO", please check the category below which best describes the project, and complete page 4 of this application.)

DRIVEWAY OR ROAD APPROACH, RECONSTRUCTION, MAINTENANCE, OR RESURFACING FENCE

PUBLIC UTILITY MODIFICATIONS, EXTENSIONS, HOOKUPS MAILBOX

FLAGS, SIGNS, BANNERS, DECORATIONS, PARADES AND CELEBRATIONS EROSION CONTROL

OTHER _____ LANDSCAPING

19. Will this project cause a substantial change in the significance of a historical resource (45 years or older), or cultural resource? YES NO
 (If "YES", provide a description)

20. Is this project on an existing highway or street where the activity involves removal of a scenic resource including a significant tree or stand of trees, a rock outcropping or a historic building? YES NO (If "YES", provide a description)

21. Is work being done on applicant's property? YES NO (If "YES", attach site and grading plans.)

ADA NOTICE: For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814

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PERMIT NO. _____

22. Will this proposed project require the disturbance of soil? YES NO
 If "YES", estimate the area within State Highway right-of-way in square feet AND acres: _____ (ft²) AND _____ (acres)
 estimate the area outside of State Highway right-of-way in square feet AND acres: _____ (ft²) AND _____ (acres)

23. Will this proposed project require dewatering? YES NO
 If "YES", estimate total gallons AND gallons/month _____ (gallons) AND _____ (gallons/month)
 SOURCE*: STORM WATER NON-STORM WATER
 (*See Caltrans SWMP for definitions of non-storm water discharge: <http://www.dot.ca.gov/hq/env/stormwater/index.htm>)

24. How will any storm water or ground water be disposed of from within or near the limits of this proposed project?
 Storm Drain System Combined Sewer / Storm System Storm Water Retention Basin
 Other (explain): _____


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

The applicant, understands and herein agrees to 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 Caltrans 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.

DISCHARGES OF STORM WATER AND NON-STORM WATER: 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 of Transportation (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 Departments 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/stormwater1.htm>

| | | | |
|---|---------------------------------------|---|---------------------------|
| 25. NAME of APPLICANT or ORGANIZATION (Print or Type) Mariposa Lions Club | | E-MAIL ADDRESS hrv@sti.net | |
| ADDRESS of APPLICANT or ORGANIZATION WHERE PERMIT IS TO BE MAILED (Include City and Zip Code) PO Box 801 Mariposa California 95338 | | | |
| PHONE NUMBER 209 966 7170 | | FAX NUMBER | |
| 26. NAME of AUTHORIZED AGENT / ENGINEER (Print or Type) Harry Booth | | IS LETTER OF AUTHORIZATION ATTACHED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | E-MAIL ADDRESS |
| ADDRESS of AUTHORIZED AGENT / ENGINEER (Include City and Zip Code) 5045 Mari Way Mariposa CA 95338 | | | |
| PHONE NUMBER 209 966 7170 | | FAX NUMBER | |
| 27. SIGNATURE of APPLICANT or AUTHORIZED AGENT  | 28. PRINT OR TYPE NAME Harry Booth | 29. TITLE | 30. DATE June 15, 2011 |

(4)

| |
|-----------------------------------|
| PERMIT NO. _____ |
| WORK ORDER/REFERENCE NUMBER _____ |

| FEE CALCULATION -- FOR CALTRANS USE | | | | | |
|--|--------------------------|--|------------------|------|---------------------|
| <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD NAME ON CARD _____ PHONE NUMBER _____ <input type="checkbox"/> CHECK NUMBER _____ NAME ON CHECK _____ PHONE NUMBER _____ <input type="checkbox"/> EXEMPT <input type="checkbox"/> PROJECT EA _____ <input type="checkbox"/> DEFERRED BILLING (Utility) | | | | | |
| CALCULATED BY | (1) | | (2) | | |
| REVIEW | 1. FEE / DEPOSIT | DATE | 2. FEE / DEPOSIT | DATE | TOTAL FEE / DEPOSIT |
| 1. _____ HOURS @ \$ _____ * | \$ _____ | | \$ _____ | | \$ _____ |
| 2. _____ HOURS @ \$ _____ * | | | \$ _____ | | \$ _____ |
| INSPECTION | 1. FEE / DEPOSIT | DATE | 2. FEE / DEPOSIT | DATE | TOTAL FEE / DEPOSIT |
| 1. _____ HOURS @ \$ _____ * | \$ _____ | | \$ _____ | | \$ _____ |
| 2. _____ HOURS @ \$ _____ * | | | \$ _____ | | \$ _____ |
| FIELDWORK | | | | | |
| _____ HOURS @ \$ _____ * | \$ _____ | | \$ _____ | | \$ _____ |
| EQUIPMENT & MATERIALS | DEPOSIT | DATE | DEPOSIT | DATE | DEPOSIT |
| | \$ _____ | | \$ _____ | | \$ _____ |
| CASH DEPOSIT IN LIEU OF BOND | \$ _____ | | \$ _____ | | \$ _____ |
| TOTAL COLLECTED | \$ _____ | | \$ _____ | | |
| CASHIER'S INITIALS | _____ | | _____ | | \$ _____ |
| * The current hourly rate is set annually by Headquarters Accounting. District Office staff do not have authority to modify this rate. | | | | | |
| PERFORMANCE BOND | <input type="checkbox"/> | DATE | | | AMOUNT \$ |
| PAYMENT BOND | <input type="checkbox"/> | DATE | | | AMOUNT \$ |
| LIABILITY INSURANCE REQUIRED? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | AMOUNT \$ |

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INSTRUCTIONS
for completing page 4

This page needs to be completed when the proposed project DOES NOT involve a City, County or other public agency.

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 the 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, 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.)

1. Will any existing vegetation and/or landscaping within the highway right-of-way be disturbed?

No

2. Are there waterways (e.g. river, creek, pond, natural pool or dry streambed) adjacent to or within the limits of the project or highway right-of-way?

No

3. Is the proposed project located within five miles of the coast line?

No

4. Will the proposed project generate construction noise levels greater than 86 dBA (e.g. jack-hammering, pile driving)?

No

5. Will the proposed project incorporate land from a public park, recreation area or wildlife refuge open to the public?

No

6. Are there any recreational trails or paths within the limits of the proposed project or highway right-of-way?

No

7. Will the proposed project impact any structures, buildings, rail lines, or bridges within highway right-of-way?

No

8. Will the proposed project impact access to any businesses or residences?

No

9. Will the proposed project impact any existing public utilities or public services?

No

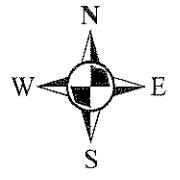
10. Will the proposed project impact existing pedestrian facilities, such as sidewalks, crosswalks, or overcrossings?

No

11. Will new lighting be constructed within or adjacent to highway right-of-way?

No

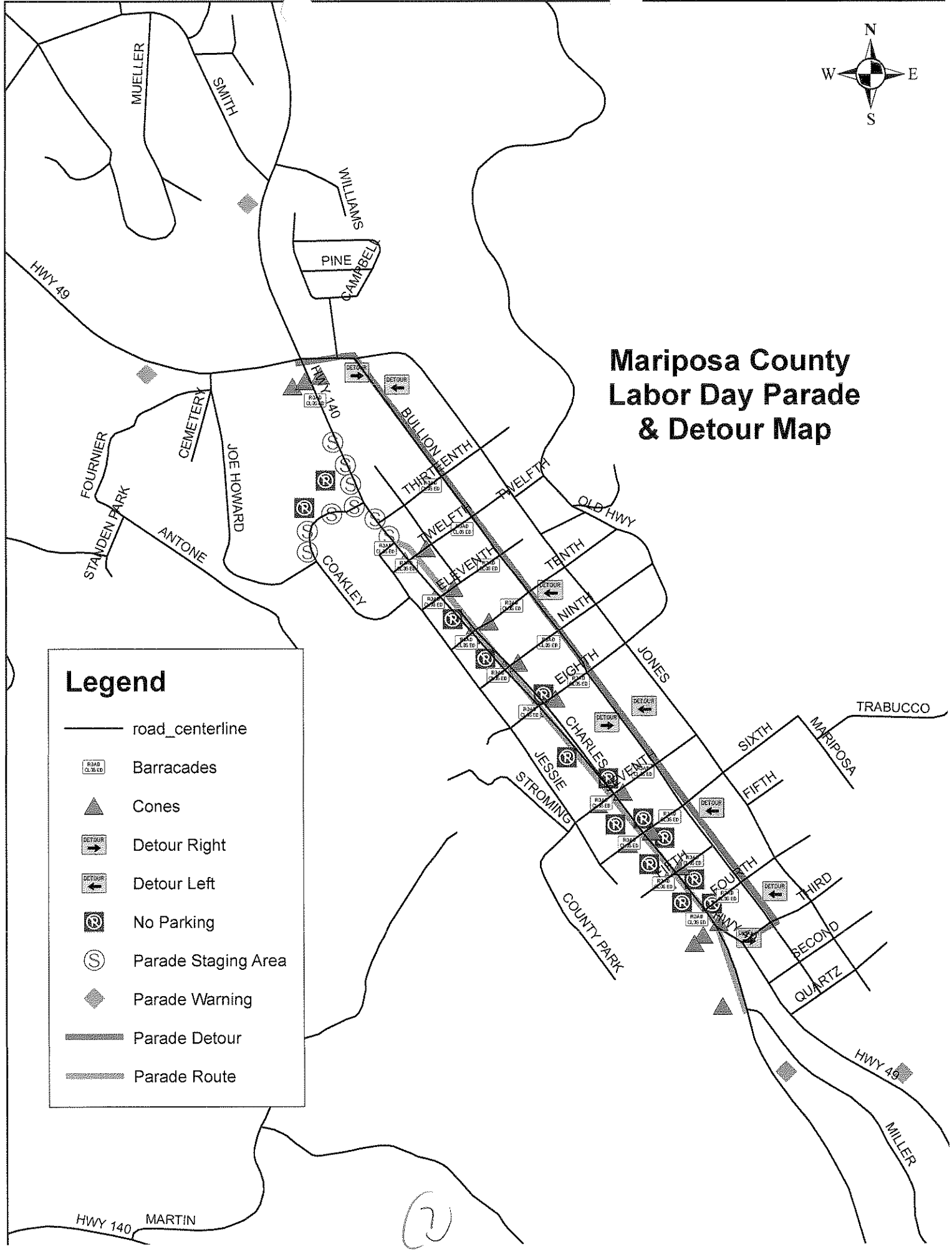
(6)



Mariposa County Labor Day Parade & Detour Map

Legend

- road_centerline
- Barricades
- Cones
- Detour Right
- Detour Left
- No Parking
- Parade Staging Area
- Parade Warning
- Parade Detour
- Parade Route



(2)

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

Mariposa CHP Area
5264 Highway 49 North
Mariposa, CA 95338
(209) 966-3656



June 16, 2011

File No.: File No.:455.13163.A13242.Lionsclub

Mariposa County Board of Supervisors
P.O. Box 276
Mariposa, CA 95338

Dear Board Members:

The Mariposa office of the California Highway Patrol has received and reviewed an application from the Mariposa Lions Club for a Labor Day Parade in downtown Mariposa. This event is scheduled for September 3, 2011. We ask that while the event is being held, the responsible individual(s) requesting approval, ensure adequate parking areas are available to both event personnel and attendees to prevent any vehicles from parking or interfacing with traffic on SR 140. In the event more vehicles arrive than anticipated, the responsible individual(s) are asked to immediately notify the CHP at (209) 356-2929.

We appreciate you allowing us the opportunity to respond to the potential concerns we foresee. If there is any additional assistance which can be provided by the California Highway Patrol, please contact Sergeant Sam Arrington at (209) 966-3656.

Sincerely,

A handwritten signature in black ink, appearing to read "D. M. Troxell".

D. M. TROXELL, Lieutenant
Commander
Mariposa Area





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/15/2011

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 Willis of Illinois, Inc. 425 N. Martingale Road, Suite 1100 Schaumburg, IL 60173 | CONTACT NAME: John Adams | FAX (A/C, No): 1-888-467-2378 | |
| | PHONE (A/C, No, Ext): 1-800-316-6705 | E-MAIL ADDRESS: lionsclubs@willis.com | |
| | PRODUCER CUSTOMER ID #: 4LIONCLU | | |
| INSURED Mariposa Lions Club Mariposa California | INSURER(S) AFFORDING COVERAGE | | NAIC# |
| | INSURER A : ACE American Insurance Company | | 22667 |
| | INSURER B : | | |
| | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |

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 |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | HDOG25520154 | 09/01/2010 | 09/01/2011 | EACH OCCURRENCE \$1,000,000 DAMAGES TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$1,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS-COMP/OP AGG \$2,000,000 AGGREGATE PER NAMED INSURED \$2,000,000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | HDOG25520154 | 09/01/2010 | 09/01/2011 | COMBINED SINGLE LIMIT (Ea accident) INCLUDED IN ABOVE BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ |
| | UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | OTHER | | | | | | |

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

Provisions of the policy apply to the named insureds participation in the following activity during the policy period shown above: Labor Day Parade September 3, 2011

CalTrans, Mariposa County is included as an Additional Insured(s), but only with respect to General Liability arising out of the use of premises by the Insured shown above and not out of the sole negligence of said additional insured.
PROVISIONS OF THE POLICY DO NOT APPLY TO THE SALE OR SERVING OF ALCOHOLIC BEVERAGES

CERTIFICATE HOLDER

CANCELLATION

Cal Trans
PO Box 2048
Stockton California 95201

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

ACORD 25 (2009/09)

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TO: PUBLIC WORKS DEPARTMENT DATE: 6/15/11 BUILDING PERMIT: N/A
 4639 BEN HUR ROAD
 MARIPOSA, CA 95338

GENTLEMEN:

THE UNDERSIGNED HEREBY APPLIES FOR PERMISSION TO EXCAVATE, CONSTRUCT, AND/OR OTHERWISE ENCROACH ON A COUNTY RIGHT-OF-WAY ON BULLION ST. ROAD AND AGREES TO DO THE WORK IN ACCORDANCE WITH COUNTY RULES AND REGULATIONS AND SUBJECT TO COUNTY INSPECTION AND APPROVAL, BY PERFORMING THE FOLLOWING WORK: (PLEASE FILL IN ALL BLANKS THAT APPLY).

- | | |
|--|--|
| 1. <input type="checkbox"/> DRIVEWAY | 2. <input type="checkbox"/> NEW BUILDING/HOME |
| <input checked="" type="checkbox"/> ROAD CROSSING | <input type="checkbox"/> REMODEL EXISTING |
| <input type="checkbox"/> WATER PIPE, CULVERT, ETC. | <input type="checkbox"/> NEW MAILBOX |
| <input type="checkbox"/> LDA ROAD | <input type="checkbox"/> OTHER (EXPLAIN BELOW) |
3. DRIVING INSTRUCTION FROM A KNOWN LANDMARK TO LOCATION OF ENCROACHMENT, I.E., INTERSECTION OF COUNTY ROADS, STATE HIGHWAYS OR TOWN, ETC.

 ON SEPTEMBER 3, 2011 THE COUNTY WILL HOLD THE ANNUAL LABOR DAY PARADE BETWEEN 11 AM AND 12:30 PM. HWY 140 WILL BE CLOSED TO TRAFFIC DURING THAT TIME. THIS REQUIRES A DETOUR ON 3RD TO BULLION TO JONES. THE CALTRANS ENCROACHMENT PERMIT WAS APPROVED FOR THE HWY 140 CLOSEURE. ASSISTANCE FROM THE PUBLIC WORKS ROADS DIVISON IS REQUIRED FOR DEPLOYMENT OF BARACADES, CONES AND NO PARKING SIGNS.

4. ATTACH MAP SHOWING LOCATION AND SKETCHES SHOWING WHAT IS TO BE DONE, SHOW LOCATION OF THE STAKE MARKING PROPOSED ENCROACHMENT OR WORK TO BE DONE.

MAP ATTACHED.

5. ASSESSOR'S PARCEL NUMBER: N/A


6. ADDRESS OF PARCEL: N/A

APPLICANT IS **REQUIRED** TO STAKE THE ENCROACHMENT WITH THE **PINK CARD** PROVIDED AND/OR NEW MAILBOX LOCATION WITH THE **GREEN CARD** PROVIDED.

NO PERMIT WILL BE ISSUED UNTIL POSTING HAS BEEN COMPLETED AND APPROPRIATE FEES HAVE BEEN COLLECTED. WORK WILL NOT BE STARTED UNTIL AN ENCROACHMENT PERMIT HAS BEEN ISSUED BY THE DEPARTMENT OF PUBLIC WORKS.

PERMIT NO. _____

DATE ISSUED _____

 Harry Booth
 OWNERS NAME (Please print)

 SIGNATURE OF OWNER/APPLICANT
 PO BOX 801
 OWNERS MAILING ADDRESS
 MARIPOSA CA 95338
 CITY STATE ZIP
 966 8029
 PHONE NUMBER

(10)