

City of Glendora | Public Works 116 E. Foothill Blvd. Glendora, CA 91741

WATER SERVICE INSTALLATION AND RELOCATION PROCEDURE

Public Works Department, Engineering Division

- 1. WATER SERVICE PLAN SUBMITTAL:
 - a. Submit a water service relocation/installation plan to the Engineering Division by emailing <u>engineeringdiv@cityofglendora.gov</u>. Refer to the attached Exhibit "A" (Water Service Relocation and Installation Plan-Sample). A Plan Review fee of \$310 is required at the time of submission. Additionally, please provide total plumbing fixture count per CPC610.3 and CPC610.4 tables.
- 2. EXCAVATION PERMIT REQUIREMENTS FOR INSTALLATION:
 - a. A Permit Application shall be submitted by a Class "A" licensed contractor. Refer to Exhibit "B" (Permit Application-Fillable). Contractor will be requires to submit a copy of the State contractor's license, Business License from the City of Glendora (Exhibit "C"), and Certification of Insurance Liability (Exhibit "D") which needs to be reviewed and approved by Glendora Risk Management.
 - b. Permit Application can be submitted by emailing <u>engineeringdiv@cityofglendora.gov</u> Upon submission, an invoice for the Excavation Permit fee will be given with instructions on how to pay the fee.
 - c. Excavation Permit will be issued upon satisfactory review of application and proof of payment.
 - d. Contractor is responsible for scheduling <u>TWO</u> types of inspections 72 hours prior to start of work. Please call the following numbers for <u>TWO</u> separate inspection types.
 - i. Public Works Engineering Division: (626) 914-8246
 - ii. Public Works Water Division: (626) 852-4838 ext. 838
- 3. TRAFFIC CONTROL PLAN, IF APPLICABLE:
 - a. For Arterial and Collector streets, a Traffic Control Plan submittal will be required with applicable fees.
 - b. For Local streets, refer to latest edition of MUTCD.
 - c. Refer attached Exhibit "E" (Traffic Control Submittal Checklist)
- 4. WATER METER INSTALLATION:
 - a. Applicant shall submit a Water Service Connection Application Form (Exhibit "F") with applicable fees. Relevant line items will be highlighted.
 - b. Applicant shall submit a New Water Account Opening Request, applicable only for New Developments, SB9 lot splits, and Additional Dwelling Unit. See Exhibit "G".
 - c. Upon completion of the water service lateral installation, contact the City's Public Works Division at (626) 852-4838 ext. 838 to schedule the water meter installation.



610.3 Quantity of Water

TABLE 610.3

WATER SUPPLY FIXTURE UNITS (WSFU) AND MINIMUM FIXTURE BRANCH PIPE SIZES $^{\rm 3}$

APPLIANCES, APPURTENANCES OR FIXTURES ²	MINIMUM FIXTURE BRANCH PIPE SIZE ^{1,4} (Inches)	PRIVATE	PUBLIC		
Bathtub or Combination Bath/Shower (fill)	1/2	4.0	4.0		
³ / ₄ inch Bathtub Fill Valve	3/4	10.0	10.0		
Bidet	1/2	1.0	_		
Clothes Washer	1/2	4.0	4.0		
Dental Unit, cuspidor	1/2	_	1.0		
Dishwasher, domestic	1/2	1.5	1.5		
Drinking Fountain or Water Cooler	1/2	0.5	0.5		
Hose Bibb	1/2	2.5	2.5		
Hose Bibb, each additional ⁸	1/2	1.0	1.0		
Lavatory	1/2	1.0	1.0		
Lawn Sprinkler, each head ⁵	-	1.0	1.0		
Mobilehome or Manufactured Home, each (minimum) ⁹	-	6.0	-		
Sinks	-	-	_		
Bar	1/2	1.0	2.0		
Clinical Faucet	1/2	-	3.0		
Clinical Flushometer Valve with or without faucet	1	_	8.0		
Kitchen, domestic with or without dishwasher	1/2	1.5	1.5		
Laundry	1/2	1.5	1.5		
Service or Mop Basin	1/2	1.5	3.0		
Washup, each set of faucets	1/2	_	2.0		
Shower, per head	1/2	2.0	2.0		
Urinal, 1.0 GPF Flushometer Valve	3/4	Se	e Footnote ⁷		
Urinal, greater than 1.0 GPF Flushometer Valve	3/4	See Footnote ⁷			
Urinal, flush tank	1/2	2.0	2.0		
Urinal with Drain Cleansing Action	1/2	1.0	1.0		
Wash Fountain, circular spray	3/4	_	4.0		
Water Closet, 1.6 GPF Gravity Tank	1/2	2.5	2.5		
Water Closet, 1.6 GPF Flushometer Tank	1/2	2.5	2.5		
Water Closet, 1.6 GPF Flushometer Valve	1	Se	See Footnote ⁷		
Water Closet, greater than 1.6 GPF Gravity Tank	1/2	3.0	5.5		
Water Closet, greater than 1.6 GPF Flushometer Valve	1	Se	e Footnote ⁷		

For SI units: 1 inch = 25 mm

¹ Size of the cold branch pipe, or both the hot and cold branch pipes.

- ² Appliances, appurtenances, or fixtures not referenced in this table shall be permitted to be sized by reference to fixtures having a similar flow rate and frequency of use.
- ³ The listed fixture unit values represent their load on the cold water building supply. The separate cold water and hot water fixture unit value for fixtures having both hot and cold water connections shall be permitted to be each taken as three-quarter of the listed total value of the fixture.
- ⁴ The listed minimum supply branch pipe sizes for individual fixtures are the nominal (I.D.) pipe size.
- ⁵ For fixtures or supply connections likely to impose continuous flow demands, determine the required flow in gallons per minute (gpm) (L/s), and add it separately to the demand in gpm (L/s) for the distribution system or portions thereof.
- ⁶ Assembly [Public Use (See Table 422.1)].
- ⁷ Where sizing flushometer systems, see Section 610.10.
- ⁸ Reduced fixture unit loading for additional hose bibbs is to be used where sizing total building demand and for pipe sizing where more than one hose bibb is supplied by a segment of water distribution pipe. The fixture branch to each hose bibb shall be sized on the basis of 2.5 fixture units.
- ⁹ For water supply fixture unit values related to lots within mobilehome parks in all parts of the State of California, see California Code of Regulations, Title 25, Division 1, Chapter 2, Article 5, Section 1278. For water supply fixture unit values related to lots within special occupancy parks in all parts of the State of California, see California Code of Regulations, Title 25, Division 1, Chapter 2.2, Article 5, Section 2278.

610.4 Sizing Water Supply and Distribution Systems

TABLE 610.4 FIXTURE UNIT TABLE FOR DETERMINING WATER PIPE AND METER SIZES

METER AND STREET	BUILDING SUPPLY AND	MAXIMUM ALLOWABLE LENGTH (feet)												
SERVICE (inches)	BRANCHES (inches)	40	60	80	100	150	200	250	300	400	500	600	700	800
		1	•	1	1	PRESSURE	RANGE -	30 to 45 psi ¹	1	1	1	1	1	11
³ / ₄	1/2 ²	6	5	4	3	2	1	1	1	0	0	0	0	0
³ / ₄	³ / ₄	16	16	14	12	9	6	5	5	4	4	3	2	2
³ / ₄	1	29	25	23	21	17	15	13	12	10	8	6	6	6
1	1	36	31	27	25	20	17	15	13	12	10	8	6	6
3/4	1 ¹ / ₄	36	33	31	28	24	23	21	19	17	16	13	12	12
1	1 ¹ / ₄	54	47	42	38	32	28	25	23	19	17	14	12	12
1 ¹ / ₂	1 ¹ / ₄	78	68	57	48	38	32	28	25	21	18	15	12	12
1	1 ¹ / ₂	85	84	79	65	56	48	43	38	32	28	26	22	21
1 ¹ / ₂	1 ¹ / ₂	150	124	105	91	70	57	49	45	36	31	26	23	21
2	1 ¹ / ₂	151	129	129	110	80	64	53	46	38	32	27	23	21
1	2	85	85	85	85	85	85	82	80	66	61	57	52	49
1 ¹ / ₂	2	220	205	190	176	155	138	127	120	104	85	70	61	57
2	2	370	327	292	265	217	185	164	147	124	96	70	61	57
2	2 ¹ / ₂	445	418	390	370	330	300	280	265	240	220	198	175	158
	•					PRESSURE	RANGE —	46 to 60 psi ¹						
3/4	1/2 ²	7	7	6	5	4	3	2	2	1	1	1	0	0
³ / ₄	3/4	20	20	19	17	14	11	9	8	6	5	4	4	3
³ / ₄	1	39	39	36	33	28	23	21	19	17	14	12	10	9
1	1	39	39	39	36	30	25	23	20	18	15	12	10	9
³ / ₄	1 ¹ / ₄	39	39	39	39	39	39	34	32	27	25	22	19	19
1	1 ¹ / ₄	78	78	76	67	52	44	39	36	30	27	24	20	19
1 ¹ / ₂	1 ¹ / ₄	78	78	78	78	66	52	44	39	33	29	24	20	19
1	1 ¹ / ₂	85	85	85	85	85	85	80	67	55	49	41	37	34
1 ¹ / ₂	1 ¹ / ₂	151	151	151	151	128	105	90	78	62	52	42	38	35
2	1 ¹ / ₂	151	151	151	151	150	117	98	84	67	55	42	38	35
1	2	85	85	85	85	85	85	85	85	85	85	85	85	85
1 ¹ / ₂	2	370	370	340	318	272	240	220	198	170	150	135	123	110
2	2	370	370	370	370	368	318	280	250	205	165	142	123	110
2	2 ¹ / ₂	654	640	610	580	535	500	470	440	400	365	335	315	285
	·		·		• 	PRESSURE	RANGE —	Over 60 psi ¹		• 	• 	• 	·	· · · ·
3/4	1/2 ²	7	7	7	6	5	4	3	3	2	1	1	1	1
3/4	3/4	20	20	20	20	17	13	11	10	8	7	6	6	5
3/4	1	39	39	39	39	35	30	27	24	21	17	14	13	12
1	1	39	39	39	39	38	32	29	26	22	18	14	13	12

610.4 Sizing Water Supply and Distribution Systems

-	1	1		1	1					1					
3/4	1 ¹ / ₄	39	39	39	39	39	39	39	39	34	28	26	25	23	
1	1 ¹ / ₄	78	78	78	78	74	62	53	47	39	31	26	25	23	
1 ¹ / ₂	1 ¹ / ₄	78	78	78	78	78	74	65	54	43	34	26	25	23	
1	1 ¹ / ₂	85	85	85	85	85	85	85	85	81	64	51	48	46	
1 ¹ / ₂	1 ¹ / ₂	151	151	151	151	151	151	130	113	88	73	51	51	46	
2	1 ¹ / ₂	151	151	151	151	151	151	142	122	98	82	64	51	46	
1	2	85	85	85	85	85	85	85	85	85	85	85	85	85	
1 ¹ / ₂	2	370	370	370	370	360	335	305	282	244	212	187	172	153	1
2	2	370	370	370	370	370	370	370	340	288	245	204	172	153	1
2	2 ¹ / ₂	654	654	654	654	654	650	610	570	510	460	430	404	380	3

For SI units: 1 inch = 25 mm, 1 foot = 304.8 mm, 1 pound-force per square inch = 6.8947 kPa **Notes:**

¹ Available static pressure after head loss.

² Building supply, not less than $\frac{3}{4}$ of an inch (20 mm) nominal size.

City of Glendora | Public Works 116 E. Foothill Blvd. Glendora, CA 91741

DRAWING SUBMITTAL REQUIREMENTS FOR WATER SERVICE INSTALLATION/RELOCATION

Drawing Requirements

- Drawing shall be submitted to the City of Glendora Engineering Division by emailing <u>Engineeringdiv@cityofglendora.gov</u>. No physical copies will be accepted or processed at Public Works counter.
- 2. Drawing shall be legible and drawn to scale with Std. City format border and title block (see sample).
- 3. Minimum sheet size shall be 8-1/2" x 11". Use larger size or multiple sheets as required to adequately show work to be done.
- 4. Show property lines and distance from proposed meter location to property line.
- 5. Drawing shall include:
 - a. Project location
 - b. Project description
 - c. Street name
 - d. Utilities
 - e. Driveway
 - f. Poles, vaults, trees, etc.
 - g. Sewer
 - h. Curb and sidewalk
 - i. Existing meter location
 - j. Proposed meter location
 - k. Trenching width
 - I. Trenching note
 - m. Standard 2.00 note
 - n. USA/SC note
 - o. Construction notes as required
 - p. Slopes, retaining walls
 - q. Other information as needed to adequately represent the work and site conditions

Submittal Requirements

Submit a digital copy for plan check to <u>engineeringdiv@cityofglendora.gov</u> after approval, an approved copy will be sent to applicant.

Additional Information

For questions regarding service installation or relocation, contact the City of Glendora Water Division at (626) 852-4838.

See the City of Glendora "Standard Designs & Specifications", latest edition for appropriate Standard Design to specify for requested service size.

All work must be done by the Contractor with an appropriate State of California Contractors License and City Business License. Excavation Permits will be required and shall be obtained via engineeringdiv@cityofglendora.gov.

Services in Fire Zone 4 require a minimum lateral size of 1 1/2".

Backflow meter protection may be required, contact the City of Glendora Water Division at (626) 852-4838 for requirements.

PLEASE NOTE:

These drawing requirements shall be used for single residential service installations or relocations. Installations required for Commercial Developments, Tracts, Parcel Maps, Apartments/Condos, etc. will require an Engineered Water Plan.



If you have any questions regarding your City of Glendora Water System, please contact the City of Glendora Public Works Department at (626) 914-8246.

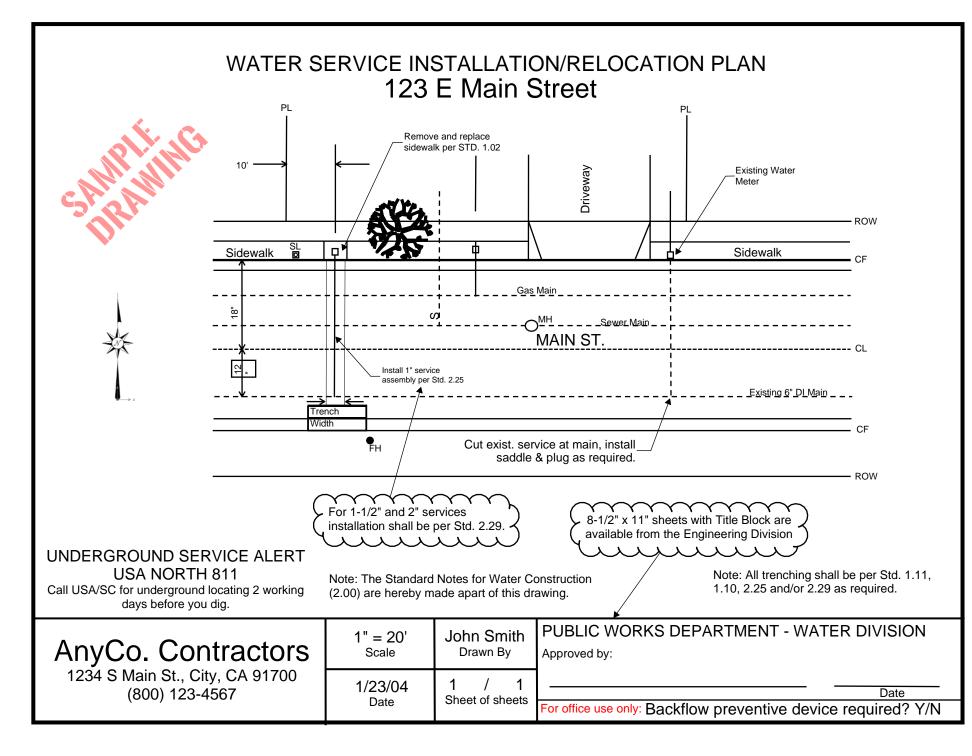


Exhibit "B"- Permit Application Form

CITY OF GLENDORA

PUBLIC WORKS PLAN CHECK/PERMIT WORKSHEET

Lot GLEND	
E C B	
TRORPORATED IS	

Address:	

Description of Work:

Ropporated St.			
Owner Name:			Phone:
Address:		City:	Zip:
Applicant Name:			Phone:
Address:		City:	Zip:
Contractor/Eng./Arch./Designer Name:			Phone:
Address:		City:	Zip:
State License No. :	License Type:		Expiration Date:
Workers Comp Carrier:	Policy #:		Expiration Date:

	ENGINEERING PLAN CHECKS						
# of Plans	Description						
	Delta Revision						
	Delta Revision/Grading						
	Drainage/SWPPP under 1 acre						
	Easement Deeds						
	Geotech-Soils Report						
	Grading (CutFill)						
	Hydro-Hydraulic Report						
	Sewer Area Study						
	Sewer Improvement						
	Signing – Striping						
	Stockpile (SWPPP Req. Y/N)						
	Storm Drain Improvement						
	SUSMP						
	SWPPP under 1 acre						
	SWPPP over 1 acre						
	Tract-Parcel Map						
	Traffic Control						
	Traffic Study						
	Water/Fire Service						
	Water Improvement						
	Water Irrigation						
	Water Serv. Install/Relocation						
	Miscellaneous:						

	CIP PLAN CHECKS				
# of Plans	Description				
	Building				
	Public Works				
	Street				
	Traffic				
	Water				
Limits:					

#	DRIVEWAY APPI							
#	Residential	NOACH FERMIT						
	Commercial							
	Pavers							
		× 417						
#	CURB CORE PER	MIT						
	Curb Core(s)							
Lin. Ft.	CURB/GUTTER P	DEBWIT						
LIII. Ft.	CORD/GOTTERP							
Туре	ENCROACHMEN	T						
	Permanent							
	Temporary Duration:							
	Materials in Street Duration:							
	Utilities Maintenance Duration/Date:							
	Pole Replacement Dates:							
SQ FT	EXCAVATION	Traffic Control Plan	Y/N					
	Soil							
	Asphalt							
	Concrete							
	Utility							
CO FT		Traffic Control Dian	N/ / N /					
SQ FT	PAVING	Traffic Control Plan	Y/N					
DATE	POOL DRAINING	3						
DATE	Residential							
Commercial								
	commercial							
SQ FT	SIDEWALK							
SQ FT								
SQ FT								
SQ FT		E/BUILDING						
SQ FT Origin Destinati	SIDEWALK MOVING HOUSE	E/BUILDING						

Exhibit "C"-Business License Permit from the City

CITY OF GLENDORA

Business License Tax Certificate

"For Services Provided in the City of Glendora, California Only"

Business Name Business Location Compan/

Business Owner(s)

City, state, zip Lade Name

AJJress

Business Name Address Cittistate, Zip Code

TO BE POSTED IN A CONSPICUOUS PLACE AND NOT TRANSFERABLE OR ASSIGNABLE.

 Description
 GENERAL CONTRACTOR

 Business Type
 Contractor - General (Based Out Of City)

 Business License Number
 中本体体

 Effective Date
 October 07, 2019

 Expiration Date
 October 01, 2020

For all inquiries regarding this license, contact HdL Business License Division at (626) 376-4678.

Company Name

Thank you for your payment on your City of Glendora Business License. ALL CEN FICATES MUST BE AVAILABLE FOR INSPECTION UPON REQUEST. If you have questions concerning your burner licenter contact the Business Support Center via email at: Support@hdlgov.com or by telephone at: (626) 376-4678

Keep this portion for your license separate in case you need a reflacem typical any lost, stolen, or destroyed license. A fee may be charged for a replacement or duplicate license.

RECEIVED

FEB 1 0 2020 CITY OF GLENDORA



BUSINESS LICENSING 8839 N CEDAR AVE #212



City of Glendora

Business License Tax Certificate

Company Name Address City, state, Zip Cale License Number: 萨林林科科

Date of Issue:

10/07/2019



Exhibit "D" - Certificate of Insurance Liability

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

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). CONTACT NAME: PRODUCER PHONE (A/C, No, Ext): FAX (A/C, No): **INSURANCE BROKER** 123 MAIN STREET E-MAIL ADDRESS: CITY, CA 92522 INSURER(S) AFFORDING COVERAGE NAIC # **INSURER A : INSURER B:** INSURED INSURER C: YOUR COMPANY INSURER D: 1234 YOUR STREET YOURTOWN, CA 91234 INSURER E: **INSURER F:** 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.

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.

COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR \$ CLAIMS-MADE OCCUR FULL POLICY NUMBER DAMAGE TO RENTED PREMISE (Each occurrence) \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC PROJECT S OHFR: OTHER: COMBINED SINGLE LIMIT (COVERAGE IS REQUIRED WHEN AUTOS ARE USED IN THE SCOPE OF WORK COMBINDE SINGLE LIMIT (Each occurrence) \$ ANY AUTO ALL OWNED SCHEDULED AUTOS S COMBINED SINGLE LIMIT (Each occurrence) \$ ALL OWNED SCHEDULED AUTOS NON-OWNED FULL POLICY NUMBER BODILY INJURY (Per person) \$ MUMBRELLA LIAB OCCUR SCHEDULED AUTOS S S S MUMBRELLA LIAB OCCUR S S S S DED RETENTION \$ N/A FULL POLICY NUMBER 11/01/2022 11/01/2022 PROFERENCE \$ B MONREPRESCRIPTION \$ N/A FULL POLICY NUMBER 11/01/2022 11/01/2022 PERSONAL & S S B OPENCEST LIAB OCCUR S S S S S S S <t< th=""><th>NSR LTR</th><th>TYPE OF INSURAI</th><th>NCE</th><th>ADDL SUBR</th><th>POLICY NUMBER</th><th>POLICY EFF (MM/DD/YYYY)</th><th>POLICY EXP (MM/DD/YYYY)</th><th>LIMI</th><th>S</th></t<>	NSR LTR	TYPE OF INSURAI	NCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	S
A GENTLAGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY COVERAGE IS REQUIRED WHEN AUTOS ARE USED IN THE SCOPE OF WORK AUTOS ANY AUTO A ANY AUTO ALL OWNED HIRED AUTOS HIRED AUTOS AUTOS HIRED AUTOS HIRED AUTOS HIR		COMMERCIAL GENERAL						EACH OCCURRENCE	\$
A GEN'I AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: POLICY PROJECT LOC OTHER: PRODUCTS COVERAGE IS REQUIRED WHEN AUTOS ANY AUTO ANY AUTO ANY AUTO ANY AUTO ANY AUTO AUTOS HIRED AUTOS HIRED AUTOS OCCUR FULL POLICY NUMBER FULL POLICY FULL FULL FULL FULL FULL FULL FULL FUL		CLAIMS-MADE	OCCUR						\$
GEN'L AGGREGATE LIMIT APPLIES PER: PROJECT LOC GENERAL AGGREGATE \$ POLICY PROJECT LOC GENERAL AGGREGATE \$ OTHER: AUTOMOBILE LIABILITY COVERAGE IS REQUIRED WHEN AUTOS ARE USED IN THE SCOPE OF WORK COMBINED SINGLE LIMIT (Each accident) \$ ANY AUTO ANY AUTO FULL POLICY NUMBER BODILY INJURY (Per person) \$ ALL OWNED SCHEDULED AUTOS NON-OWNED FULL POLICY NUMBER BODILY INJURY (Per person) \$ HIRED AUTOS NON-OWNED AUTOS NON-OWNED SCHEDULED AUTOS \$ MUMBRELLA LIAB OCCUR CLAIMS-MADE FULL POLICY NUMBER EACH OCCURRENCE \$ DED RETENTION \$ RETENTION \$ N/A FULL POLICY NUMBER 11/01/2022 11/01/2023 EL.ACH ACCIDENT \$ MORKERS COMPRESATION AND ENFORMENTATION FULL POLICY NUMBER 11/01/2022 11/01/2023 11/01/2023 EL.ACH ACCIDENT \$ MORKERS COMPENSATION AND ENFORMENTION OF OPERATIONS below N / A FULL POLICY NUMBER 11/01/2022 11/01/2023 EL.ACH ACCIDENT \$ ADDITIONAL COVERAGE(S) N / A FULL POLICY NUM	,							MED EXP (Any one person)	\$
POLICY PROJECT LOC PROJECT LOC PROJECT LOC PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY COVERAGE IS REQUIRED WHEN AUTOS ARE USED IN THE SCOPE OF WORK COMBINED SINGLE LIMIT (Each accident) \$ ANY AUTO ALL OWNED SCHEDULED AUTOS FULL POLICY NUMBER BODILY INJURY (Per person) \$ AUTOS NON-OWNED SCHEDULED AUTOS SCHEDULED AUTOS PROPORTO DAMAGE \$ HIRED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS FULL POLICY NUMBER EACH OCCURRENCE \$ UMBRELLA LIAB OCCUR CLAIMS-MADE SCHEDULED AUTOS \$ \$ DED RETENTION \$ OCCUR SCHEDULED AUTOS \$ \$ MORKERS COMPRENSATION OCCUR SCHEDULOS VINUMBER 11/01/2022 \$ \$ MORKERS COMPRENSATION N / A FULL POLICY NUMBER 11/01/2022 11/01/2023 PER STATUTE OTHER MAY PROPRIEDRAY PARTINERY EXECUTIVE Y/N N / A FULL POLICY NUMBER 11/01/2022 11/01/2023 EL. EACH ACCIDENT \$ BODITY ON OF OPERATIONS below N / A FULL POLICY NUMBER <td>ŀ</td> <td></td> <td></td> <td></td> <td>FULL POLICY NUMBER</td> <td></td> <td></td> <td>PERSONAL & ADV INJURY</td> <td>\$</td>	ŀ				FULL POLICY NUMBER			PERSONAL & ADV INJURY	\$
OTHER: \$ AUTOMOBILE LIABILITY COVERAGE IS REQUIRED WHEN AUTOS ARE USED IN THE SCOPE OF WORK COMBINED SINGLE LIMIT (Each accident) \$ ANY AUTO ALL OWNED SCHEDULED AUTOS FULL POLICY NUMBER BODILY INJURY (Per person) \$ AUTOS NON-OWNED SCHEDULED AUTOS NON-OWNED FULL POLICY NUMBER BODILY INJURY (Per accident) \$ HIRED AUTOS NON-OWNED CLAIMS-MADE \$ \$ \$ UMBRELLA LIAB OCCUR CLAIMS-MADE \$ \$ \$ DED RETENTION \$ CLAIMS-MADE \$ \$ \$ MORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/ PARTNER/ EXECUTIVE Y/N N / A FULL POLICY NUMBER 11/01/2022 11/01/2023 \$ B MY PROPRISTION S N / A FULL POLICY NUMBER 11/01/2022 11/01/2023 E.L. EACH ACCIDENT \$ B MY PROPRISTION OF OPERATIONS below N / A FULL POLICY NUMBER 11/01/2022 11/01/2023 E.L. EACH ACCIDENT \$ B ANY PROPRISTION OF OPERATIONS below N / A FULL POLICY NUMBER 11/01/2024 E.L. EACH ACCIDENT <								GENERAL AGGREGATE	\$
AUTOMOBILE LIABILITY COVERAGE IS REQUIRED WHEN AUTOS ARE USED IN THE SCOPE OF WORK COMBINED SINGLE LIMIT (Each accident) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS FULL POLICY NUMBER BODILY INJURY (Per person) \$ WORKES COMPENSATION AND EMPLOYRES UABILITY AND PROPRETIOR/PARTNER/ EXECUTIVE BODILY INJURY OCCUR CLAIMS-MADE S S WORKES COMPENSATION AND EMPLOYRES UABILITY AND PROPRETIOR/PARTNER/ EXECUTIVE UF describe under DESCRIPTION OF OPERATIONS below N / A FULL POLICY NUMBER 11/01/2022 11/01/2023 PER STATUTE OTHER BODILY INJURY (Per person) \$ S S S S S MORKES COMPENSATION AND PROPRETIOR/PARTNER/ EXECUTIVE MONDER Y/N FULL POLICY NUMBER 11/01/2022 11/01/2023 PER STATUTE OTHER B AND FMPLOYERS UABILITY ANY PROPRIETION OF OPERATIONS below N / A FULL POLICY NUMBER 11/01/2023 11/01/2023 E.L. EACH ACCIDENT \$ B ADDITIONAL COVERAGE(S) N / A FULL POLICY NUMBER 11/01/2024 11/01/2024 E.L. DISEASE - POLICY LIMIT \$		POLICY PROJECT	LOC					PRODUCTS - COMP/OP AGG	\$
ANY AUTO ALLOWNED ALLOWNED AUTOS HIRED AUTOS HIRED A		OTHER:							\$
A ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS		AUTOMOBILE LIABILITY CO	OVERAGE IS	REQUIRED	WHEN AUTOS ARE USED IN TH	<u>ie scope oi</u>	WORK		\$
A UTOS NON-OWNED AUTOS STREET STATUTES STREET STREE		ANY AUTO						BODILY INJURY (Per person)	\$
HIRED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS \$ Image: Ima	A		HEDULED AUTOS		FULL POLICY NUMBER			BODILY INJURY (Per accident)	\$
UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ RETENTION \$ PER \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/ PARTINER/ EXECUTIVE OFFICER/ MEMBER EXCLUDED? Y / N OFFICER/ MEMBER EXCLUDED? N / A FULL POLICY NUMBER 11/01/2022 11/01/2023 E.L. EACH ACCIDENT \$ B OFFICER/ MEMBER EXCLUDED? N / A FULL POLICY NUMBER 11/01/2022 11/01/2023 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ ADDITIONAL COVERAGE(S) ADDITIONAL COVERAGE(S) Image: Comparison of the comparison of		NON-OWNED							\$
EXCESS LIAB CLAIMS-MADE DED RETENTION \$ MORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/ PARTNER/ EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A FULL POLICY NUMBER 11/01/2022 11/01/2022 11/01/2023 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE\$ E.L. DISEASE - FOLICY LIMIT ADDITIONAL COVERAGE(S)			1						\$
Indext and the second problem		UMBRELLA LIAB	OCCUR					EACH OCCURRENCE	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/ PARTNER/ EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A FULL POLICY NUMBER 11/01/2022 11/01/2023 11/01/2023 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE ADDITIONAL COVERAGE(S)		EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/ PARTINER/ EXECUTIVE Y/N OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below ADDITIONAL COVERAGE(S)		DED RETENTION \$	\$						
B OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below ADDITIONAL COVERAGE(S) N / A FULL POLICY NUMBER 11/01/2022 11/01/2022 11/01/2022 11/01/2023 E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$		AND EMPLOYERS' LIABILITY	X / N						
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT ADDITIONAL COVERAGE(S) E.L. DISEASE - POLICY LIMIT	B OFFICER/ MEMBER EXCLUDED?		N/A	FULL POLICY NUMBER	11/01/2022	11/01/2023	E.L. EACH ACCIDENT	\$	
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT ADDITIONAL COVERAGE(S) Image: Content of the second secon								E.L. DISEASE - EA EMPLOYEE	\$
			low					E.L. DISEASE - POLICY LIMIT	\$
		ADDITIONAL COVERAGE((If required)	<u>(</u> \$)						

CERTIFICATE HOLDER	CANCELLATION
CITY OF GLENDORA RISK MANAGEMENT 116 E. FOOTHILL BLVD.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
GLENDORA, CA 91741	AUTHORIZED REPRESENTATIVE



CITY OF GLENDORA ADMINISTRATIVE SERVICES DEPARTMENT GENERAL LIABILITY – ADDITIONAL INSURED

POLICY NUMBER:

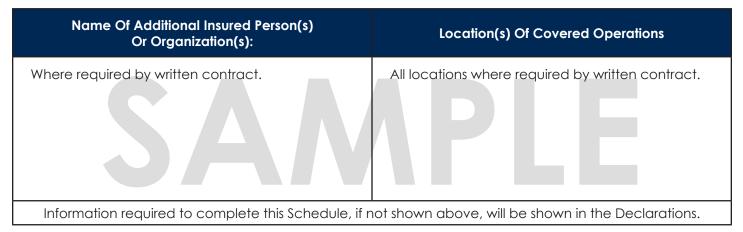
COMMERCIAL GENERAL LIABILITY CG 20 10 12 19

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



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 operations 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:

- 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.



CITY OF GLENDORA ADMINISTRATIVE SERVICES DEPARTMENT GENERAL LIABILITY – WAIVER OF SUBROGATION

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

Name of Person(s) or Organization(s): Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



CITY OF GLENDORA ADMINISTRATIVE SERVICES DEPARTMENT GENERAL LIABILITY-PRIMARY & NON-CONTRIBUTORY

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY CG 20 01 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the Other Insurance Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- 1. The additional insured is a Named Insured under such other insurance; and
- 2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



CITY OF GLENDORA ADMINISTRATIVE SERVICES DEPARTMENT <u>COMMERCIAL AUTO LIABILITY - ADDITIONAL INSURED</u>

POLICY NUMBER:

COMMERCIAL AUTO CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	
	(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

Where required by Written Contract

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.



CITY OF GLENDORA ADMINISTRATIVE SERVICES DEPARTMENT BUSINESS AUTO LIABILITY – WAIVER OF SUBROGATION

POLICY NUMBER:

COMMERCIAL AUTO CA 04 44 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Name Insured:

Endorsement Effective Date:

SCHEDULE

Name of Person(s) or Organization(s):

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others

To Us Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.



CITY OF GLENDORA ADMINISTRATIVE SERVICES DEPARTMENT WORKERS COMP – WAIVER OF SUBROGATION

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

SCHEDULE

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

This endorsement changes the policy to which it isattached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Insured

Effective Policy No.

Endorsement No. Premium

Insurance Company

Countersigned by:

Exhibit "E" - Traffic Control Plan Checklist



City of Glendora ENGINEERING DIVISION



TRAFFIC CONTROL PLAN SUBMITTAL CHECKLIST

TRAFFIC CONTROL PLAN GUIDELINES FOR WORK WITHIN PUBLIC RIGHT-OF-WAY REQUIRING A LANE CLOSURE

Three complete sets of plans are required, including but not limited to the following:

- ____ Identify the project Number (Tract, CUP, PWCP, Etc....), Location, and permit number.
- ____ Identify the improvement the traffic control is for.
- ____ North arrow and scale 1"=40'.
- _____ Note on plans "Traffic Control Notes 1-16" per City Std. 1.18
- _____ Show all nearby streets with street names.
- _____ Show existing traffic signals and regulatory signs.
- _____ Show existing striping, pavement markings, painted crosswalks and bike lanes.

____ Show existing curbs, sidewalks, driveways, and intersections in the work zone.

- Label all lots with business address
- ____ Indicate total roadway widths.
- Indicate lane width.

____ Indicate posted speed limits.

- ____ Show location and dimensions of the work zone.
- _____ Show staging area and materials storage area.
- Indicate locations of construction signs, barricades and delineators.
- Label all taper lengths and widths, channelizing device spacing and sign spacing.
- ____ Maintain a 12 foot travel lane in each direction and maintain 5 feet from any open trench
- _ Indicate flaggers where 12 feet in each direction is not maintained when only one lane is open

\\NEO\Engineering\Plan Check Guidelines\Traffic Control Plan Submittal Checklist 10 16 14.doc

Use	legend	to	define	all	generic	symbols.	

- _____ Show table of signs used and label each sign with CA MUTCD code.
- _____ Show all parking restriction zones and signs.
- _____ Note compliance with special requirements such as permission to close the road, change a stop sign, or detour oversize vehicles from truck routes.
 - ____ Address pedestrians, bicycle, and handicap traffic through or around the work zone.
- _____ Indicate the duration of the traffic control in days.
- _____ Indicate the times of working hours per day.
 - ____ Signs shall conform to the 2012 California Manual of Uniform Traffic Control Devices (MUTCD).
- Plans shall be designed, stamped and signed by a Registered Civil or Traffic Engineer.
- _____ Traffic Control in place longer than 5 days may require temporary striping.

____ Plans shall be submitted 14 calendar days prior to commencing work. Resubmittals may be required.



Generation City of Glendora | Public Works 116 E. Foothill Blvd. Glendora, CA 91741

BASIC ENGINEERING SHEET FOR SERVICE CONNECTION

NAME:				DATE:
PROPERTY ADDRESS: _				
BILLING ADDRESS:	DENTIAL	COMMER	CIAL P	HONE
METER INSTALLATION:	Acct #: 501-70600-367	60)		
STANDARD (THROUGH METER SIZE: BOX SIZE:	# OF METER			=\$
SPECIAL (OVER 2") METER SIZE: BOX SIZE:	# OF METER # OF BOXES	RS: S:	AT \$	= \$
Front Footage Charge (Acct.#: 501-70600-36761)	LIN	IEAR FEET	А	NT \$8.00/L. F = \$
Water Acreage Charge (Acct.#: 501-70600-36762)	ACF	RES	AT \$4,6 \$	58.50/ACRE = \$
Water Service Installation (Acct.#: 501-70600-36760)	FE	ET	AT \$	/FEET = \$
Water Service Deposit (Ap (Acct.#: 501-00000-22750)	olied against clo	osing bill)		TOTAL \$
Installation of Pressure Reg	gulator Recomn	nended:	YES:	NO: (Over 80
Installation of Approved Ba	ckflow Prevente	er Required:	YES:	NO: 🔘
CHECK ONE: Replacing Exi	sting Meter:	Adding Ad	ditional Meter:	New Meter:
BY: FOR CITY ENGINEER		CL	ISTOMER / RES	IDENT:
DIS	TRIBUTION - APPLIC	CANT – CASHIER	– PUBLIC WORKS	FILES
				REV

REVISED NOVEMBER 2024

Exhibit "G" - New Water Account Opening Request Form



City of Glendora Phone: (626) 914-8239 Address: 116 E. Foothill Blvd. Glendora, CA 91741 Email: <u>WaterBilling@CityofGlendora.gov</u>

WATER ACCOUNT OPENING REQUEST FORM

Customer Name:][□ Owner □ T	enant 🗆 Other
Service Address:	City:	State:	Zip code:
Mailing Address:	_City:	State:	Zip code:
Social Security Number:	Driver's License #:	Ex	p Date:
Phone Number:	Alternative Phone Num	ber:	
Email Address:	Opt in for ema	ail? ⊡Yes □ No)
Requested Service Start Date:			
ALTERNATIVE CONTACT:			□ Information Purposes only
I authorize the following party to	o have access to my account:		□ To Add/Change Information
Name:	Phone:		
Email Address:	Relation to Custome	r:	
Applicant Signature:	nore information, please visit <u>www.c</u>	i yorgionaora.g	<u>o vi natoroning</u> .
Name:			
Date:	authorize the creation of a landlord trus	at agraamant?	
Instructions: For Owners: Email this form (<i>ei</i> For Tenants: Email this form wi	<i>mail address above</i>) and attach proc th ID and send in the \$200 deposit	of of ownership via mail or night	and ID. drop boxes at the City Hall.
FOR OFFICIAL/STAFF USE ONLY:			
□ ID Verified: Owne	rship Check:Deposit Amount: \$	_Form of payment:	□Cash □Check □Card
Previous Residence Address:			
New Account Number:			
Effective/ Start Date:			