

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
ENCROACHMENT PERMIT
 TR-0120 (REV. 6/2000)

Permit No. 0221-NTK-0111	
Dist/Co/Rte/PM VAR-VAR-VAR-VAR	
Date April 7, 2021	
Fees Paid \$ EXEMPT	Deposit \$
Performance Bond Amount (1) \$	Payment Bond Amount (2) \$
Bond Company	
Bond Number (1)	Bond Number (2)
Customer Reference No.	

In compliance with (Check one):

- Your application of **March 29, 2021**
- Utility Notice No. _____ of _____
- Agreement No. _____ of _____
- RW Contract No. _____ of _____

TO:

Missing in America Veterans Recovery Program
 3406 Smith Bottom Road
 Cottonwood, CA 96022

Attention: Lynda R. Kent lulubellkent@yahoo.com
 Phone: 530-356-3651

, PERMITTEE

and subject to the following, PERMISSION IS HEREBY GRANTED to:

Perform, maintain and enforce temporary traffic control as funeral escorts for Veteran Remains Organization funeral processions, between various post miles on various State Routes in various Counties, Statewide.

PERMITTEE RESPONSIBILITY: It is understood and agreed by the Permittee that utilizing this permit shall constitute an acceptance of the provisions of this Permit and all attachments.

GENERAL SPECIFICATIONS:

NOTIFY STATE'S REPRESENTATIVE: At least five working days before starting any work under this permit, the permittee shall notify the appropriate District Encroachment Permit Office from the list below, which will arrange for inspection and approval of the work covered by this permit. Additional time and requirements may be necessary for funeral processions estimated to be 10 or more vehicles.

(Continued)

THIS PERMIT IS NOT A PROPERTY RIGHT AND DOES NOT TRANSFER WITH THE PROPERTY TO A NEW OWNER.

The following attachments are also included as part of this permit (Check applicable):		In addition to fees, the permittee will be billed actual costs for:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	General Provisions	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Utility Maintenance Provisions	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Special Provisions <u>Permit Closure Schedule, T10</u>	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	A Cal-OSHA permit, if required: Permit No. _____	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	As-Built Plans Submittal Route Slip for Locally Advertised Projects	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Storm Water Special Provisions	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	The information in the environmental documentation has been reviewed and is considered prior to approval of this permit.	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<i>(If any Caltrans effort expended)</i>	

This permit is void unless the work is completed before **December 31, 2021**.

This permit is to be strictly construed and no other work other than specifically mentioned is hereby authorized. No project work shall be commenced until all other necessary permits and environmental clearances have been obtained.

- 1 - Permittee
- 4 - Galdo, Chaffin, Veatch, Ehorn
- 12 - Each listed District Contact
- 1 - HQ Permits

- 1 - File

APPROVED:

DAVID MOORE, District Director, District 2

BY: *Steve Veatch, FOR*

ET **ANTHONY PASCAL, District Permit Engineer, District 2**

LANE CLOSURE SCHEDULE

A written schedule of all lane closures is to be submitted to the Encroachment Permits Office by:

Phone #: (530) 225-3400 Fax #: (530) 225-3097

-SUBMIT BEFORE NOON WEDNESDAY-

For the **FOLLOWING** week beginning Sunday through Saturday.



District 02

Permit Inspector Name:

Date:

Permittee:

Phone:

Contact / Contractor:

Phone (On Site):

Permit No:

County:

Route(s):

Post Mile(s):

Work Description:

Utility Widening Overlay Realignment Drainage Structure

Traffic Signal/Lighting Landscape Slope Repair Road Connection

Other:

Lane Closures: Freeway Expressway Conventional – Number of Lanes:

#1 NB SB EB WB Description:

#2 NB SB EB WB Description:

#3 NB SB EB WB Description:

Facility Closure: Rest Area Truck Scale

Vertical & Horizontal Reductions:

Reduced Lane Width = Reduced Vertical Clearance =

Ramp Closures: Yes No

If Yes, describe work, date and time of closure

Date Public Affairs Office notified _____

Date public notification signing placed at ramp

(7-14 days in advance of closure)

Detour Available: YES NO

If Yes, attach detour route plan.

Authorization to use county or city roads for detour:

YES

NO

Date Work Begins:

Date Work Ends:

Geographic Location Public Can Relate To:

Type of Work Performed:

Length of Delay:

Days of the Week:

Hours of Actual Work:

Type of Traffic Control/Restriction (check all that apply):

Standard Plans: T10 T10A T11 T12 T13 T14 T15 T16 T17

T10 Shoulder Closure Temp. Signals Pilot Car Stop, Proceed When Clear Changeable

Message Signs Radar Trailer HAR COZEEP Speed Reduction CHP Traffic Break

Other

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 Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814