



APPLICATION FOR CONSTRUCTION ACCESS PERMIT

Email: permits@actransit.org

PROJECT INFORMATION VALUATION OF WORK: \$

Project Name:

Project Site:

Description of Work or Service:

APPLICANT / PRIME CONTRACTOR

Applicant: _____ CSLB # & Class: _____

Address: _____ Phone: _____

Authorized Representative: _____
Print Name and Title

SUB-CONTRACTOR(S)

Sub-Contractor #1: _____ CSLB # and Class: _____

Sub-Contractor #2: _____ CSLB # and Class: _____

Sub-Contractor #3: _____ CSLB # and Class: _____

Applicant agrees to defend, indemnify, and hold harmless AC Transit from any and all liability, loss, damage, expense, cost, (including, without limitation, costs and fees of litigation), claims, demands, obligations, suits, judgments, penalties, causes of action, or liabilities at any time received, incurred, or accrued by the AC Transit as a result of or arising out of the acts, omissions, use, occupancy, or operations of Applicant, its consultants, sub-contractors, representatives, and employees on, about, or related to the work authorized by this Construction Access Permit.

The Applicant shall maintain for the duration of this work, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Applicant, its agents, representatives, employees, or subcontractors. Required insurance limits are based on the Valuation of Work.

- Valuation of Work under \$1M: \$2M per occurrence; \$2M General Aggregate.
- Valuation of Work \$1M to \$5M: \$2M per occurrence; \$4M General Aggregate.
- Valuation of Work \$5M to \$10M: \$5M per occurrence; \$5M General Aggregate.
- Valuation of Work \$10M and Over: \$10M per occurrence; \$10M General Aggregate.

Applicant shall also maintain Workers Compensation insurance covering all workers under their contract (prime and sub). AC Transit reserves the right to require certificates evidencing required insurance.

AC Transit requires all visitors and any individual performing work on AC Transit properties to be fully vaccinated against the COVID-19 virus and to abide by ant PPE (mask) requirements in effect at the time the work is being performed. By signing this Construction Access Permit the prime contractor is self-certifying that all staff, both prime and sub-contractor, along with any staff that may come on site have satisfied these requirements.

AC Transit reserves the right to require compliance with background security check standards. If a background security check is required, each individual that will be on AC Transit property will have to submit a confidential personal profile for a background check and security clearance.

I certify that I have read this application and I verify all information to be true and correct.

Applicant's Signature: _____ Date: _____

PERMIT ISSUED FOR:

ACCESS ONLY

ACCESS FOR SERVICE

ACCESS FOR CONSTRUCTION

APPLICATION SUBMITTALS

PLANS

SPECIFICATIONS

TRAFFIC CONTROL PLAN

WASTE MGMT PLAN

STRUCTURAL CALCS

ENERGY (T24) CALCS

OTHER: _____

PERMIT FEE: _____

AC TRANSIT USE ONLY

PERMIT NUMBER

PERMIT DATES

APPROVAL

EXPIRATION

AC TRANSIT PORTFOLIO PROJECTS

PROJECT #

CONTRACT #

PROJECT MGR

PLAN REVIEW

PERMIT APPROVAL

AUTHORIZED SIGNATURE

DATE: _____

(REV 2023-02-23)