# ROW ENCROACHMENT PACKAGE

CITY OF HOUSTON HOUSTON PERMIT CENTER OFFICE OF THE CITY ENGINEER 1002 WASHINGTON AVE. 2ND FLOOR HOUSTON, TEXAS 77002

SUBMIT APPLICATION PACKAGE OR QUESTIONS TO:

rightofway.encroachment@houstontx.gov

Houston Public Works Office of the City Engineer

## **ENCROACHMENT PROCEDURE**

Encroachments are defined as private uses into, upon, over, or under the City's Right of Way. The City's Office of the City Engineer (OCE) initiates the application for an encroachment permit that covers tunnels, vaults, pedestrian walkways, basements, tiebacks, railroad spurs, utilities, high and low voltage circuits, cables, conduits, signs, tanks, balconies, canopies, etc. The encroachment procedure and application do not apply to requests to install a network of equipment and Wireless networks and components of wireless networks, including antennas and other above ground Facilities, within the Right-of-Way. An executed License Agreement for Wireless Facilities and Poles in the Right-of-Way is required before these above ground facilities can be installed in the Right-of-Way.

Application fee of \$1,284.06 is applied for each street. The following is a step by step procedure to obtain an encroachment permit:

#### A. SUBMITTAL

Applicant submits a complete Encroachment Permit Application Package to COH/OCE/Encroachment Group.

Encroachment package includes:

1. Application form

The application form must be filled out completely and accurately. If the application is not completed properly, the applicant will correct the application personally.

- 2. Encroachment Questionnaire
- 3. Certificate of insurance
  - a. Worker's Compensation at statutory limits;
  - b. Employer's Liability, including bodily injury by accident and by disease, for \$500,000 combined single limit per occurrence and a twelve (12)-month aggregate policy limit of \$1,000,000;

c. Commercial General Liability Coverage which includes broad form coverage, contractual liability, bodily and personal injury, completed operations, operations hazard, explosion collapse and underground hazards for \$2,000,000 per occurrence and twelve (12) - month aggregate policy limit of \$4,000,000;

d. Automobile Liability Insurance (for automobiles used by the Permittee in the course of its performance under this Permit, including employer's non-ownership and hired auto coverage) for \$1,000,000 combined single limit per occurrence.

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- 4) After Plan is approved by the City and a drawing number is assigned, applicant emails the drawing number to Encroachment Group.
- 5) Applicant submits Mapping data by electronic file showing the route, location and dimensions of encroachment items.

Mapping data is delivered in ESRI's ArcInfo or ArcView format aligned with the City's GIS COHGIS & GIMS) mapping system and supplied Data format utilizing the following coordinate settings.

Coordinate system description: Projection-State plane; Texas South Central\_FIPS\_4204\_Feet; NAD83; Unit=Feet; Spheroid=Clarke 1866

6) The Renewal of Application is same package with new application except no drawing number is required. If the encroachment condition has not been changed since last permit was issued, you can use existing drawing. otherwise, a drawing with encroachment location and dimensions is required.

## **B. PROCESS**

- 1. OCE/Encroachment Group will review the application, calculate the annual administration and inspection fee, discuss with applicant and work with the City attorney of the Legal Department to draft encroachment agreement.
- 2. The City attorney will forward the draft encroachment agreement to permittee for review, comment, and approval.
- 3. Final encroachment agreement will be signed and notarized by permittee and HPW director or his/her designee.
- 4. Applicant must take the encroachment permit to Harris County Civic Court to obtain the record agreement in Harris County Real Property.
- 5. Applicant must email the copy of the recorded permit to OCE/Encroachment Group for filing.
- 6. Applicant must take the recorded encroachment permit to Houston Permit Center (HPC) to obtain the construction permit.

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7. Encroachment annual fee calculation

Fee consists of three parts:

- a) Volume along each street
  \$0.0041 per cubic feet, or \$125.28, whichever is greater
- b) Volume crossing each street\$0.0041 per cubic feet, or \$125.28, whichever is greater
- c) Administration fee of \$31.32 for each permit

The 1<sup>st</sup> year annual fee will be due on the date of permit issuance. Each subsequent annual fee will be billed and must be paid on or before each anniversary of the date of the permit issuance.

8. Additional information Encroachment application package online download: Encroachment Permit | Houston Permitting Center

Office of the City Engineer/Encroachment, City of Houston 1002 Washington Ave., 2nd floor Houston, TX 77002

Office of the City Engineer/Plan Review, City of Houston 1002 Washington Ave., 2nd floor Houston, TX 77002

Construction Permit: Houston Permit Center, City of Houston 1002 Washington Ave. Houston, TX 77002

Paving 832-394-8819, 2nd Fl. Storm 832-394-8819, 2nd Fl. Alley 832-394-9386, 2nd Fl. Sanitary 832-394-8971, 3rd Fl. Water 832-394-8971, 3rd Fl. Street cut 832-394-9101, 2nd Fl.

Real Property Records, Harris County Civil Court 201 Caroline, 3<sup>rd</sup> floor Houston, TX 77002 (713) 755-6439

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# **ENCROACHMENT CHECKLIST**

- 1. Application Form
- 2. Encroachment Questionnaire
- 3. Certificate of Insurance
  - If Company has no owned autos, still requires employer's
  - non ownership and hired auto coverages.

- If Company has no employees. Submit a letter stating they have no employees.

4. The City approved property survey or plat/replat (if property platted/replatted since acquired by applicant)

5. Property deed or lease (if applicant is lessee)

6. An Exhibit with clouded encroachment areas and surrounding streets

7. GIS Mapping Data (electronic file)

Upon complete review by our office, a sale order for Application Fee of \$1,284.06 for each street will be emailed to applicant.

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## **ENCROACHMENT APPLICATION FORM**

#### **OWNER INFORMATION**

Name				
Contact Person		Contact Phone #	Contact email	
Address			City, State, Zip	
Billing Address			City, State, Zip	

#### **APPLICANT INFORMATION**

Name	Contact Person	
Address	City, State, Zip	
Phone	Email Address	

#### **CONSULTANT INFORMATION**

Name			
Contact Person	Contact Phone #	Contact email	
Drawing Log #	Approved drawing #	ILMS #	

#### **ENCROACHMENT SITE INFORMAITON**

Address		City, State, Zip	
Lot	Block	Subdivision	
Description of Encroact	hment		
Dimensions of Encroad on Each Street	hment		
Volume of Encroachme Each Street	ent on		
Total Volume of Encroa	achment		

#### **APPLICANT'S STATEMENT**

I hereby accept all conditions hereinabove mentioned, and certify that all statements herein recorded by me are true.

Signature	Print Name	Date	

#### **CITY USE ONLY**

Date Application Received	Application Fee	Annual Fee
Confirmed Volume		
License #	Related License #(s)	
Permit Issue Date	Permit Expire Date	

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## **ENCROACHMENT QUESTIONNAIRE**

1. Type of Encroachment

water line		sewer line	storm sewer line	signs
conduit		cable	tunnel	basement
tieback		vault	balcony	canopy
bridge		railroad	walkway	tank
others (specify)	-		•	

- 2. Who is the owner of the facility?
- 3. Who will be the operator of the facility?
- 4. Please provide the accurate legal name of the owner.

5. What will occupy the City's Right-of Way?

6. How many streets the encroachment crossing? Please provide each street name.

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7. What will be the method of construction that will be used for the project, i.e., trenching, boring, cutting, or other (please describe)?

8. If it is pressure facility, what is the operating psi for the facility? What is the testing pressure of this facility?



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 08/04/2021

	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.								
11	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).								
PRO	DUCER	CONTAC NAME:	ст						
		PHONE (A/C, No	o, Ext):		FAX				
		E-MAIL ADDRES	SS:						
			INS	URER(S) AFFOR	DING COVERAGE		NAIC #		
	1959	INSURE	RA:						
	JRED	INSURE							
	input property owner's	INSURE							
	information	INSURE							
		INSURE							
CC	VERAGES CERTIFICATE N		-003800220-03		<b>REVISION NUMBER:</b> 3				
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURAN								
	NDICATED. NOTWITHSTANDING ANY REQUIREMENT, ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIM	INSURANCE AFFORDED BY	THE POLICIE:	S DESCRIBED					
INSF LTR	TYPE OF INSURANCE ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6			
A	COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$			
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
		required			MED EXP (Any one person)	\$			
					PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$\$			
	OTHER:				PRODUCTS-COMP/OF AGG	\$			
В		JENDH6982			COMBINED SINGLE LIMIT (Ea accident)	\$			
						\$			
	OWNED AUTOS ONLY SCHEDULED	quired			, ,	\$			
	HIRED NON-OWNED AUTOS ONLY	<u> </u>			PROPERTY DAMAGE (Per accident)	\$			
						\$			
	UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$			
D	DED  RETENTION \$    WORKERS COMPENSATION  90-2	20891-001			PEROTH-	\$			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE				STATUTE ÉR E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBEREXCLUDED?	required			E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT				
					-				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101) BCE20007048 & OCE20019119	, Additional Remarks Schedule, may be	e attached if more	e space is require	ed)				
City	of Houston is included as an additional insured where required by writter	n contract or agreement.							
	A.								
		the contract of							
		this sentence is							
CE	RTIFICATE HOLDER		ELLATION						
(	etty of Houston    SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE      Office of the City Engineer/ROW Encroachment    THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN      1002 Washington Ave., 2nd Floor    ACCORDANCE WITH THE POLICY PROVISIONS.								
	this information is required								