

City of Tempe  
Public Works  
Traffic Engineering  
PO Box 5002  
Tempe, AZ 85280  
480-350-4311  
www.tempe.gov

City of Tempe  
Community Development  
Building Safety  
PO Box 5002  
Tempe, AZ 85280  
480-350-4311  
www.tempe.gov



## SPECIAL USE PERMIT APPLICATION

For Community Development Office Use Only:

SU PERMIT # \_\_\_\_\_ EN/BP PERMIT# \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

Registrar of Contractors License Number: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Site Address: \_\_\_\_\_ Project Name: \_\_\_\_\_

Dates of Operation: \_\_\_\_\_

On-Site Work Hours (*After Hours Approval Needed Between 6pm-6am*): \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- PROVIDE MAP** with street names, address, and location of work within ROW (attach to application)
- AFTER-HOURS WORK** (Tempe ordinance: Chapter 20, Sec 20-1 thru Section 20-11)  
(See attached form for instructions on **Construction Noise Authorization**)
- Email Application, map & COI Insurance to: [Permitcenter@tempe.gov](mailto:Permitcenter@tempe.gov)**

**Any questions related to hauling routes applications or permits should be directed to:**

Traffic Engineering (Haul Routes & Traffic Control)

(480)350-8219

Community Development (Fees, Insurance, Permits & After Hrs.)

(480)350-4311 or [permitcenter@tempe.gov](mailto:permitcenter@tempe.gov)

To request **Construction Noise Authorization** from Building Safety  
(Formerly known as Off Hours Inspection)



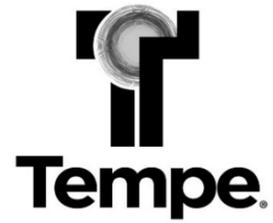
- Schedule inspection code 177 under the BP number
- Send an email to: [CD-construction\\_noise\\_auth@tempe.gov](mailto:CD-construction_noise_auth@tempe.gov) and include:
  - Work to be performed
  - Date and timeframe
  - Company Name
  - Responsible Individual name, email, and phone number
  - Indicate if work is within 500 feet of a residential area and, if so, indicate what impact mitigation measures will be taken

Once approved, you will receive an authorization email. Do not proceed with proposed work until an authorization email has been received. Call 480-350-2872 if you have any questions.

This procedure must be followed for on-site construction work with an active building permit which occurs:

**October 16 - April 14** before 7:00 am (6:00 am for concrete pouring) or after 7:00 pm.  
**April 15 - October 15** before 6:00 am (5:00 am for concrete pouring) or after 7:00 pm.

# CONTRACTOR INFORMATION CHECKLIST



\_\_\_\_\_ **ROC Contractor's License**

*(Contractor License Class A is preferred for right-of-way work. Other license classes will need to be approved)*

\_\_\_\_\_ **Certificate of Liability Insurance.** See Acord sample.

*(Remove any job or project references on Certificate of Insurance.)*

\_\_\_\_\_ General Liability: \$1,000,000.00

\_\_\_\_\_ Automobile Liability: \$1,000,000.00

\_\_\_\_\_ Worker's Compensation

\_\_\_\_\_ City of Tempe is additionally insured for Auto & General Liability Certificate Holder: City of Tempe, 31 East 5th St., Tempe, AZ 85281

\*To verify all documentation complies with these requirements, email [permitcenter@tempe.gov](mailto:permitcenter@tempe.gov)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Current Date

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**

Insurance Agent/Broker Name  
Address  
City, State, Zip

**CONTACT**

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX (A/C, No): \_\_\_\_\_  
(A/C, No, Ext): \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

INSURER(S) AFFORDING COVERAGE

NAIC #

**INSURED**

Contractor's Name  
Address  
City, State, Zip

INSURER A :

INSURER B :

INSURER C :

INSURER D :

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. 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	
	<b>GENERAL LIABILITY</b>						<b>EACH OCCURRENCE</b>	\$ 1,000,000
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b>	<input checked="" type="checkbox"/>		Policy Number	Date	Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMPOP AGG	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$
	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							\$
<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b>	<input checked="" type="checkbox"/>		Policy Number	Date	Date	<b>COMBINED SINGLE LIMIT (Ea accident)</b>	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	DEC							\$
	RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			Policy Number	Date	Date	WC STATUTORY LIMITS	OTHER state req.
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

City of Tempe is additionally insured for Automobile and General Liability.

Remove any job or project references

**CERTIFICATE HOLDER**

City of Tempe  
31 East 5th Street  
Tempe, AZ 85281

**CANCELLATION**

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

Agent / Broker Signature

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