

DEPARTMENT: Technical Services  
(On Behalf of the Lions Club)

BY: Rick Peresan  
PHONE: 966 8029

**RECOMMENDED ACTION AND JUSTIFICATION:**

Declare the September 5, 2009 Labor Day Parade a County Sponsored Event, approve issuance of a County insurance certificate to Caltrans, approve the application for a Cal Trans Encroachment Permit in support of closing HWY 140 11 am – 12:30pm, between Hwy 49 North and Hwy 49 South, Saturday, September 5, 2009, and authorize the Chair to sign the attached letter documenting the Board's support and approval.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

The Board has always supported the Labor Day parade

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Cal Trans will likely deny the Encroachment Permit Application and endanger the traditional Fair parade.

Financial Impact? ( X ) Yes ( ) No	Current FY Cost: \$900	Annual Recurring Cost: \$
Budgeted In Current FY? ( X ) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively
Additional Funding Needed: \$ _____		_____
Source:		Board Letter
Internal Transfer _____		Lions Letter
Unanticipated Revenue _____ 4/5's vote		Encroachment Permit Application
Transfer Between Funds _____ 4/5's vote		Parade Map
Contingency _____ 4/5's vote		CHP Letter
( ) General ( ) Other		Lions Insurance Certificate

**CLERK'S USE ONLY:**

Res. No.: 09302 Ord. No. \_\_\_\_\_  
Vote - Ayes: 4 Noes: \_\_\_\_\_  
Absent: Aborn  
AW Approved  
( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date: \_\_\_\_\_  
Attest: MARGIE WILLIAMS, Clerk of the Board  
County of Mariposa, State of California

By: \_\_\_\_\_  
Deputy

**COUNTY ADMINISTRATIVE OFFICER:**

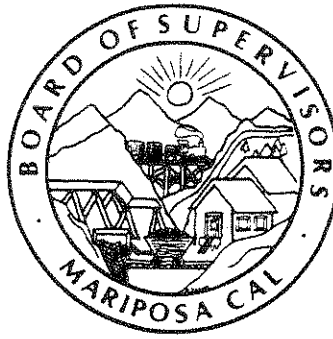
Requested Action Recommended  
 No Opinion  
Comments:

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

CAO: [Signature]

**Mariposa County  
Board of Supervisors**

District 1 ..... BRAD ABORN  
District 2 ..... LYLE TURPIN  
District 3 ..... JANET BIBBY  
District 4 ..... KEVIN CANN  
District 5 ..... JIM ALLEN



RICHARD J. BENSON  
County Administrative Officer

MARGIE WILLIAMS  
Clerk of the Board

P.O. Box 784  
MARIPOSA, CALIFORNIA 95338  
(209) 966-3222  
1-800-736-1252  
FAX (209) 966-5147  
[www.mariposacounty.org/board](http://www.mariposacounty.org/board)

June 23, 2009

Steve Waldron  
Department of Transportation District 10  
PO Box 2048  
Stockton California 95201

Dear Mr. Waldron,

On June 23, 2009, the Mariposa County Board of Supervisors adopted a Resolution approving the detour of traffic from state routes to Mariposa County roadways on September 5, 2009 for the duration of the "Labor Day Fair Parade" that is sponsored by Mariposa County and the Mariposa Lions Clubs.

Mariposa County agrees to hold Cal Trans and the State of California harmless for any damages to county roadways as a result of the detour.

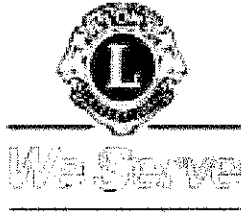
Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Janet Bibby".

Janet Bibby  
Vice-Chair, Mariposa County Board of Supervisors

cc: Board of Supervisors  
Mariposa Lions Club



## Mariposa Lions Club

PO Box 801, Mariposa California 95338

June 23, 2009

Steve Waldron  
Permit Engineer  
Department of Transportation  
PO Box 2048  
Stockton California 95201

Dear Mr. Waldron,

Attached is the Standard Encroachment Permit Application for the annual Mariposa County Labor Day Parade.

The package includes a letter from our Board of Supervisors agreeing to hold Cal Trans and the State of California harmless for any damages to County roadways as a result of the detour. Also included is a letter from the Mariposa office of the California Highway Patrol and a map of the staging area, parade route and detour.

The Local Cal Trans office will provide cones and Detour ahead signs as they have in the past. Our County public works department will provide road barricades and detour signs. They are identified by number on the map. No Parking signs will be posted along the parade route 48 hours in advance (at minimum).

Our Insurance Certificate, covering the event, is included in the permit application.

If you require further information please do not hesitate to contact me at 209 966 8029 or [rperesan@mariposacounty.org](mailto:rperesan@mariposacounty.org)

Thank you for your help.

Regards,

Richard Peresan  
Past President, Mariposa Lions Club

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**STANDARD ENCROACHMENT PERMIT APPLICATION**  
 TR-0100 (REV. 07/2007)

Permission is requested to encroach on the State Highway right-of-way as follows:  
 (Complete all BOXES [write N/A if not applicable])  
 This application is not complete until all requirements have been approved.

FOR CALTRANS USE	
PERMIT NO.	
DIST/CO/RTE/PM	
SIMPLEX STAMP	
DATE OF SIMPLEX STAMP	

1. COUNTY Mariposa		2. ROUTE 140		3. POSTMILE	
4. ADDRESS OR STREET NAME 5100 Bullion Street				5. CITY Mariposa	
6. CROSS STREET (Distance and direction from site)				7. PORTION OF RIGHT-OF-WAY Hwy 140	
8. WORK TO BE PERFORMED BY <input checked="" type="checkbox"/> OWN FORCES <input type="checkbox"/> CONTRACTOR			9. EST. START DATE September 5, 2009		10. EST. COMPLETION DATE September 5, 2009
11. EXCAVATION	MAX. DEPTH	AVG. DEPTH	AVG. WIDTH	LENGTH	SURFACE TYPE
12. EST. COST IN STATE HIGHWAY RIGHT-OF-WAY			FUNDING SOURCE(S) <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL <input type="checkbox"/> PRIVATE		
13. PIPES	PRODUCT TYPE		DIAMETER	VOLTAGE / PSIG	14. CALTRANS PROJECT E.A. NUMBER

15.  Double Permit      Parent Permit Number \_\_\_\_\_  
 Applicant's Reference Number / Utility Work Order Number \_\_\_\_\_

16. Have your plans been reviewed by another Caltrans branch?  NO       YES (if "YES") Who? \_\_\_\_\_

17. Completely describe work to be done within STATE highway right-of-way :  
 Attach 6 complete sets of FOLDED plans (folded 8.5" x 11"), and any applicable specifications, calculations, maps, etc.  
 All dimensions shall be in U.S. Customary (English) Units.  
 Detour Traffic on Hwy 140 between Hwy 49 North and Hwy 49 South in the town of Mariposa  
 on September 5, 2009 10:50 AM - 12:30 PM for the annual Labor Day Parade.

18. Is a city, county, or other agency involved in the approval of this project?  
 YES (If "YES", check type of project and attach environmental documentation and conditions of approval.)  
 COMMERCIAL DEVELOPMENT  BUILDING  GRADING  OTHER \_\_\_\_\_  
 CATEGORICALLY EXEMPT  NEGATIVE DECLARATION  ENVIRONMENTAL IMPACT REPORT  OTHER \_\_\_\_\_

NO (If "NO", please check the category below which best describes the project, and complete page 4 of this application.)  
 DRIVEWAY OR ROAD APPROACH, RECONSTRUCTION, MAINTENANCE, OR RESURFACING       FENCE  
 PUBLIC UTILITY MODIFICATIONS, EXTENSIONS, HOOKUPS       MAILBOX  
 FLAGS, SIGNS, BANNERS, DECORATIONS, PARADES AND CELEBRATIONS       EROSION CONTROL  
 OTHER \_\_\_\_\_       LANDSCAPING

19. Will this project cause a substantial change in the significance of a historical resource (45 years or older), or cultural resource?  
 (If "YES", provide a description)  YES  NO

20. Is this project on an existing highway or street where the activity involves removal of a scenic resource including a significant tree or stand of trees, a rock outcropping or a historic building?  YES  NO (If "YES", provide a description)

21. Is work being done on applicant's property?  YES  NO (If "YES", attach site and grading plans.)

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

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**STANDARD ENCROACHMENT PERMIT APPLICATION**

TR-0100 (REV. 07/2007)

PERMIT NO. \_\_\_\_\_

22. Will this proposed project require the disturbance of soil?  YES  NO  
 If "YES", estimate the area within State Highway right-of-way in square feet AND acres: \_\_\_\_\_ (ft<sup>2</sup>) AND \_\_\_\_\_ (acres)  
 estimate the area outside of State Highway right-of-way in square feet AND acres: \_\_\_\_\_ (ft<sup>2</sup>) AND \_\_\_\_\_ (acres)

23. Will this proposed project require dewatering?  YES  NO  
 If "YES", estimate total gallons AND gallons/month. \_\_\_\_\_ (gallons) AND \_\_\_\_\_ (gallons/month)  
 SOURCE:  STORM WATER  NON-STORM WATER  
 (\*See Caltrans SWMP for definitions of non-storm water discharge: <http://www.dot.ca.gov/hq/env/stormwater/index.htm> )

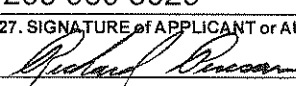
24. How will any storm water or ground water be disposed of from within or near the limits of this proposed project?  
 Storm Drain System  Combined Sewer / Storm System  Storm Water Retention Basin  
 Other(explain): \_\_\_\_\_

PLEASE READ THE FOLLOWING CLAUSES PRIOR TO SIGNING THIS ENCROACHMENT PERMIT APPLICATION.

**The applicant, understands and herein agrees to that an encroachment permit can be denied, and/or a bond required for non-payment of prior or present encroachment permit fees. Encroachment Permit fees may still be due when an application is withdrawn or denied, and that a denial may be appealed, in accordance with the California Streets and Highways Code, Section 671.5. All work shall be done in accordance with Caltrans rules and regulations subject to inspection and approval.**

**The applicant, understands and herein agrees to the general provisions, special provisions and conditions of the encroachment permit, and to indemnify and hold harmless the State, its officers, directors, agents, employees and each of them (Indemnitees) from and against any and all claims, demands, causes of action, damages, costs, expenses, actual attorneys' fees, judgments, losses and liabilities of every kind and nature whatsoever (Claims) arising out of or in connection with the issuance and/or use of this encroachment permit and the placement and subsequent operation and maintenance of said encroachment for: 1) bodily injury and/or death to persons including but not limited to the Applicant, the State and its officers, directors, agents and employees, the Indemnities, and the public; and 2) damage to property of anyone. Except as provided by law, the indemnification provisions stated above shall apply regardless of the existence or degree of fault of Indemnities. The Applicant, however, shall not be obligated to indemnify Indemnities for Claims arising from the sole negligence and willful misconduct of State, its officers, directors, agents or employees.**

**DISCHARGES OF STORM WATER AND NON-STORM WATER: Work within State Highway right-of-way shall be conducted in compliance with all applicable requirements of the National Pollutant Discharge Elimination System (NPDES) permit issued to the Department of Transportation (Department), to govern the discharge of storm water and non-storm water from its properties. Work shall also be in compliance with all other applicable Federal, State and Local laws and regulations, and with the Department's Encroachment Permits Manual and encroachment permit. Compliance with the Departments NPDES permit requires amongst other things, the preparation and submission of a Storm Water Pollution Protection Plan (SWPPP), or a Water Pollution Control Program (WPCP), and the approval of same by the appropriate reviewing authority prior to the start of any work. Information on the requirements may also be reviewed on the Department's Construction Website at:  
<http://www.dot.ca.gov/hq/construc/stormwater/stormwater1.htm>**

25. NAME of APPLICANT or ORGANIZATION (Print or Type) Mariposa Lions Club		E-MAIL ADDRESS rperesan@mariposacounty.org	
ADDRESS of APPLICANT or ORGANIZATION WHERE PERMIT IS TO BE MAILED (Include City and Zip Code) PO Box 810 Mariposa California 95338			
PHONE NUMBER 209 966 8029		FAX NUMBER 209 966 6029	
26. NAME of AUTHORIZED AGENT / ENGINEER (Print or Type) Richard Peresan		IS LETTER OF AUTHORIZATION ATTACHED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	E-MAIL ADDRESS
ADDRESS of AUTHORIZED AGENT / ENGINEER (include City and Zip Code) PO Box 1092 Mariposa California 95338			
PHONE NUMBER 209 966 8029		FAX NUMBER	
27. SIGNATURE of APPLICANT or AUTHORIZED AGENT 	28. PRINT OR TYPE NAME Richard Peresan	29. TITLE Past President	30. DATE June 10, 2009

(4)

PERMIT NO.
WORK ORDER/REFERENCE NUMBER

FEE CALCULATION -- FOR CALTRANS USE					
<input type="checkbox"/> CASH <input type="checkbox"/> CREDITCARD    NAME ON CARD _____    PHONENUMBER _____ <input type="checkbox"/> CHECK    NUMBER _____    NAME ON CHECK _____    PHONENUMBER _____ <input type="checkbox"/> EXEMPT <input type="checkbox"/> PROJECT EA _____ <input type="checkbox"/> DEFERREDBILLING (Utility)					
CALCULATED BY	(1)		(2)		
<b>REVIEW</b>	1. FEE / DEPOSIT	DATE	2. FEE / DEPOSIT	DATE	TOTAL FEE / DEPOSIT
1. _____ HOURS @ \$ _____ *	\$ _____		\$ _____		\$ _____
2. _____ HOURS @ \$ _____ *			\$ _____		\$ _____
<b>INSPECTION</b>	1. FEE / DEPOSIT	DATE	2. FEE / DEPOSIT	DATE	TOTAL FEE / DEPOSIT
1. _____ HOURS @ \$ _____ *	\$ _____		\$ _____		\$ _____
2. _____ HOURS @ \$ _____ *			\$ _____		\$ _____
<b>FIELDWORK</b>					
_____ HOURS @ \$ _____ *	\$ _____		\$ _____		\$ _____
<b>EQUIPMENT &amp; MATERIALS</b>	DEPOSIT	DATE	DEPOSIT	DATE	DEPOSIT
	\$ _____		\$ _____		\$ _____
<b>CASH DEPOSIT IN LIEU OF BOND</b>	\$ _____		\$ _____		\$ _____
<b>TOTAL COLLECTED</b>	\$ _____		\$ _____		
<b>CASHIER'S INITIALS</b>	_____		_____		\$ _____
* The current hourly rate is set annually by Headquarters Accounting. District Office staff do not have authority to modify this rate.					
<b>PERFORMANCE BOND</b>	<input type="checkbox"/>	DATE			AMOUNT \$
<b>PAYMENT BOND</b>	<input type="checkbox"/>	DATE			AMOUNT \$
<b>LIABILITY INSURANCE REQUIRED?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO			AMOUNT \$

(5)

**INSTRUCTIONS**  
for completing page 4

This page needs to be completed when the proposed project DOES NOT involve a City, County or other public agency.

Your answers to these questions will assist departmental staff in identifying any physical, biological, social or economic resources that may be affected by your proposed project within the State highway right-of-way. And, to determine which type of environmental studies may be required to approve your application for an encroachment permit.

It is the applicant's responsibility for the production of all required environmental documentation and supporting studies, in some cases this may be costly and time-consuming. If possible, attach photographs of the location of the proposed project.

Please answer these questions to the best of your ability. Provide a description of any "YES" answers (type, name, number, etc.)

1. Will any existing vegetation and/or landscaping within the highway right-of-way be disturbed?

No

2. Are there waterways (e.g. river, creek, pond, natural pool or dry streambed) adjacent to or within the limits of the project or highway right-of-way?

NO

3. Is the proposed project located within five miles of the coast line?

No

4. Will the proposed project generate construction noise levels greater than 86 dBA (e.g. jack-hammering, pile driving)?

No

5. Will the proposed project incorporate land from a public park, recreation area or wildlife refuge open to the public?

No

6. Are there any recreational trails or paths within the limits of the proposed project or highway right-of-way?

No

7. Will the proposed project impact any structures, buildings, rail lines, or bridges within highway right-of-way?

No

8. Will the proposed project impact access to any businesses or residences?

No

9. Will the proposed project impact any existing public utilities or public services?

No

10. Will the proposed project impact existing pedestrian facilities, such as sidewalks, crosswalks, or overcrossings?

No

11. Will new lighting be constructed within or adjacent to highway right-of-way?

No

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

5264 Highway 49 North  
Post Office Box 217  
Mariposa, CA 95338  
(209) 966-3656  
(800) 735-2929 (TT/TDD)  
(800) 735-2922 (Voice)



June 10, 2009

File No.: File No.:455.9628.A13242.Lionsclub

Mariposa County Board of Supervisors  
P.O. Box 276  
Mariposa, CA 95338

Dear Board Members:

The Mariposa office of the California Highway Patrol has received and reviewed an application from the Mariposa Lions Club for a Labor Day Parade in downtown Mariposa. This event is scheduled for September 5, 2009. We ask that while the event is being held, the responsible individual(s) requesting approval, ensure adequate parking areas are available to both event personnel and attendees to prevent any vehicles from parking or interfacing with traffic on SR 140. In the event more vehicles arrive than anticipated, the responsible individual(s) are asked to immediately notify the CHP at (209) 356-2900.

We appreciate you allowing us the opportunity to respond to the potential concerns we foresee. If there is any additional assistance which can be provided by the California Highway Patrol, please contact Sergeant Ed Greene, or Sergeant Todd Weichers at (209) 966-3656.

Sincerely,

A handwritten signature in black ink, appearing to read "D. J. Price".

D. J. Price, Lieutenant  
Commander  
Mariposa Area

⑦





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/03/2009

**PRODUCER**  
HRH  
333 E. Butterfield Road, 5th Floor  
Lombard, IL 60148  
Phone: (800)316-6705 Fax: (630) 324-2779

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
Mariposa Lions  
Mariposa California

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: ACE American Insurance Company	22667
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	HDOG23745070 & CSZ0302505	09/01/2008	09/01/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	HDOG23745070 & CSZ0302505	09/01/2008	09/01/2009	COMBINED SINGLE LIMIT (Ea accident) \$ INCLUDED BODILY INJURY (Per person) \$ IN ABOVE BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				W/C STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
Provisions of the policy apply to the named insured's participation in the following activity during the policy period shown above: Mariposa Labor Day Parade  
Mariposa County is included as an Additional Insured(s), but only with respect to General Liability arising out of the issuance of permit(s) to the insured shown above and not out of the sole negligence of said additional insured.  
PROVISIONS OF THE POLICY DO NOT APPLY TO THE SALE OR SERVING OF ALCOHOLIC BEVERAGES

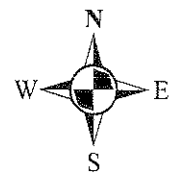
### CERTIFICATE HOLDER

CalTrans  
PO Box 2048  
Stockton California 95201

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE  
*John E. Adams*





# Mariposa County Labor Day Parade & Detour Map

## Legend

- road\_centerline
- Barricades
- Cones
- Detour Right
- Detour Left
- No Parking
- Parade Staging Area
- Parade Warning
- Parade Detour
- Parade Route

