ATP - Caltrans R/W Impact Checklist

Required for Infrastructure Projects with Impacts to Caltrans R/W

This form is a required part of the ATP project application for all candidate projects located on the Caltrans R/W, adjacent to the Caltrans R/W, or have any potential impacts to the Caltrans R/W. This includes, but is not limited to, impacts from Caltrans required easements, Caltrans required encroachment permits, RW acquisition or utility relocations. This form is intended to help the Implementing Agency consider these risks during the initial application process, and properly assess the needed time and cost to accomplish the task(s).

To complete the form, the Implementing Agency is required to answer all questions in Part A, below. Part B, of this form is to be completed by the Caltrans District Local Assistance Engineer (DLAE), or their delegated staff person. Once completed, the DLAE returns this form to the Implementing Agency, so they may attach the form to their ATP project application. A minimum of 2-weeks is required for Caltrans review. (NOTE: If the agency submits an incomplete checklist and/or attachments, Caltrans will be required to return the package for correction and re-submittal. The 2-week process will restart once the agency makes the corrections and resubmits.)

PART A – Implementing Agency Section

I. The following project information is to be completed by the Implementing Agency - prior to submittal:

(This information must be consistent with the submittal attachments)

A. What is the total cost (all project phases) of the entire project? __________ dollars
   - What is the total cost of the Construction phase of the entire project? __________ dollars
B. What % of the project (by area) is within Caltrans R/W? _____ whole number between 1 and 100
C. What % of the project (by total project cost) is within Caltrans R/W? _____ whole number between 1 and 100
D. What is the total cost (all project phases) of all the project elements within Caltrans R/W? __________ dollars
E. To the best of your knowledge, Check all of the following
   ○ Project is not in and will not discharge into an Environmentally Sensitive Area and is not expected to need an EIR/EIS
   ○ Project does not require R/W dedication from Caltrans
   ○ Project does not require Office of Structures approval
   ○ Project does not require Design Exceptions to the mandatory design standards
     (Ref: Highway Design Manual, Design Information Bulletin 78)
   ○ Project does not require approval for Encroachment Exceptions
     (Ref: Encroachment Permit Manual, Chapter 300)
F. To the best of your knowledge, list all project features and/or project elements that are expected to add complexity to the delivery or construction of the propose project:
   ○ __________________________________________________________________________
   ○ __________________________________________________________________________
   ○ __________________________________________________________________________
   ○ __________________________________________________________________________
   ○ __________________________________________________________________________

II. Implementing Agency must attach to this form and verify the following:

• Project Location Map (Attachment C)
• Project Maps/Plans (Attachment D)
• Project Estimate (Attachment F)
✓ These documents must be consistent with (i.e. match) the Engineer’s Checklist (Attachment B)
These documents must identify the limits of work within the Caltrans R/W and their estimated costs

PART B – Caltrans DLAE Section

1. Review the scope of the proposed project. Does it appear consistent with Caltrans standards and/or likely to be approved for construction during the Oversight process?  __________ (Yes/No)

   This Caltrans review does not imply approval of the project, but merely acknowledges that Caltrans District staff are aware of the proposed project and upon initial review the project appears to be acceptable/constructible.

2. Determine the expected level of Caltrans Oversight that will be required:

   The Encroachment Permit process is described in the Encroachment Permits Manual, Chapter 100 – The Permit Functions:  
   http://www.dot.ca.gov/trafficops/ep/docs/Chapter_1.pdf

   • Encroachment Permit Oversight:
     Generally used for projects that are considered “Non-Complex” that have the following traits:
     - The total construction cost of the project within the State R/W is < $1 Million
     - Project is not Environmentally Complex (Not an EIR or EIS)
     - Project does not require R/W dedication from Caltrans or Office of Structures approval
     - Project does not require Mandatory Design Exceptions or Encroachment Exceptions

   • PEER Review: (Simple PR Review)
     Similar to Encroachment Permits, Peer Reviews are generally used for projects that are considered “Non-Complex”.
     Peer Reviews are typically used for projects with a total construction cost within the State R/W is greater than $1 Million but less than $3 Million.

   • Capital Oversight Process Review: (Full PR Oversight Review)
     Oversight Process Reviews are generally used for projects that are considered “Complex” and/or have a total construction cost within the State R/W is greater than $3 Million.

   Caltrans District Staff expects the appropriate level of Caltrans Oversight to be:  
   (Circle expected level)

   Encroachment Permit  PEER Review  Capital Oversight

   The District has made this estimation based all or partially on the following project features/elements and/or lack of detail:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Approximate the expected time needed for Caltrans to complete its required oversight and the corresponding cost of this oversight:

   Cooperative Agreement Processing:  ______ Months  ______ Cost
   PA&E:  ______ Months  ______ Cost
   PS&E:  ______ Months  ______ Cost
   R/W:  ______ Months  ______ Cost
   CON:  (After the CON allocation date)  ______ Months  ______ Cost

   TOTAL  ______ Months  ______ Cost

   ➢ A revised estimation of the Caltrans review time & cost will be completed if/when the project is funded.
   ➢ The estimated time & costs included in this form are only a rough approximation to assist local agencies estimate the schedule and full cost of the project in their ATP application. This approximation does not limit Caltrans to increasing these estimates based on a more thorough review if the project is funded.
   ➢ The review costs can range from few thousand dollars for a simple encroachment permit to 10%+ of total project cost for Capital Oversight projects

4. How will the project be tracked by Caltrans?  (Circle one of the following)  Local Assistance  or  Capital Outlay

   ATP construction projects on the State Highway System (SHS) are tracked with the Capital Outlay projects IF the following criteria are met:  1) If the ATP project is 50% or more on the SHS geographically (within existing or future state R/W)  AND  2) if the
construction phase is $1 million or more.

5. Caltrans Responsible Reviewers:

DLAE concurrence is expected for all completed Caltrans R/W Impact Checklists:

DLAE Name: ______________________ Date: _________

Optional Comments:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

The District Traffic manager (or other manager as appropriate) concurrence is expected for any project that is expected to impact the state highway right-of-way and has the potential to negatively affect the safety or operations of the facility.

➢ This Caltrans review does not imply approval of the project, but merely acknowledges that Caltrans District staff is aware of the proposed project, and that, upon initial review, the overall-project appears to be acceptable.

Name: _________________ Division/Office: _________________ Phone _____________ Date: _________

Optional Comments:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

When needed, provide the other District reviewers that participated in the completion of the Checklists:

Name: _________________ Division/Office: _________________ Phone _____________ Date: _________

Optional Comments:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________