

IMPORTANT NOTICE

Section 4216/4217 of the Government Code requires a DigAlert Identification Number (ID) be issued before a "Permit to excavate" will be valid.

For your DigAlert ID Number
Call Underground Service Alert
TOLL FREE 811
Two working days before you dig.

For more information, go to:
www.digalert.org

Applications should be submitted to:

County of San Diego
Planning and Development Services (PDS)
Land Development Counter
5510 Overland Avenue, Suite 110
San Diego, CA 92123

(858) 694-2055
Fax (858) 279-7020

Email: rowpermitcounter@sdcounty.ca.gov

FOR GENERAL INFORMATION ONLY
NOT TO SUPERSEDE THE APPROPRIATE
ORDINANCE



ENCROACHMENT PERMIT: TO ENCROACH UPON COUNTY HIGHWAY



COUNTY OF SAN DIEGO
DEPARTMENT OF PUBLIC WORKS

www.sdcounty.ca.gov/dpw

ENCROACHMENT PERMIT

PERMIT PURPOSE

The County may be held all or partially responsible when a person is injured or property is damaged in the County road Right-of -Way

DEFINITION

An encroachment means any tower, pole, pipeline, private pipe, private pipeline, nonstandard driveway, private road, fence, billboard, stand or building, or any structure or object of any kind or character, which is placed in, under or over any portion of the highway

PERMIT REQUIRED

A written Encroachment Permit is required prior to placing, changing or reviewing an Encroachment in, under or over any portion of the County Road R/W in accordance with Section 71 (Highway and Traffic) of the San Diego County code of Regulatory Ordinances.

SPECIAL REQUIREMENTS

- ◆ Public notification may be required prior to commencement of construction

APPLICATION PROCEDURE

The applicant shall provide the following:

- ◆ Location of Proposed Encroachment
- ◆ Description of structure or object
- ◆ Justification for encroachment
- ◆ Will it interfere with the public use/maintenance?
- ◆ Duration for which permit is sought (one day, days, indefinite)
- ◆ Date request is to be effective
- ◆ \$210.00 issuance fee (checks payable to County of San Diego)
- ◆ \$83.00 permit renewal fee.
- ◆ An additional deposit may be required
- ◆ Drawings or signed plan
- ◆ Lights, barriers, warnings signs or other measure designed to protect the traveling public, where applicable
- ◆ *An Encroachment Removal Agreement may be required and a deposit

POLICY

All permits other than those issued to public agencies or a public utility having legal authority to occupy the public road right-of-Way are revocable on five days' notice and the encroachment must be removed or relocated as may be specified by the Director in the notice revoking the permit and within a reasonable time specified by the Director unless the permit provides a specified time. Encroachments not removed within the period shall be removed by County forces with the cost borne by the owner. Encroachment determined to obstruct or prevent public use of County road Right-of-Way, consist of refuse, cause a traffic hazard, or in violation of other specific regulations will be removed immediately.

NOTE:

PAINTING HOUSE ADDRESS NUMBER ON CURBS:

Vendors must obtain a solicitor's license from the County Sheriff's Department (858) 974-2020 as well as an encroachment permit before painting house numbers on curbs within the unincorporated areas of the County. A copy of the solicitors license must be submitted with the encroachment permit application. Specific guidelines for painting addresses on curbs are available from the Planning and Development Services Land Development Right-of-Way Counter.

FOR COUNTY USE ONLY
RECORD ID:
DPW20 _____
RWENCP: _____

APPLICATION TO ENCROACH UPON COUNTY HIGHWAY
GOVERNED BY CHAPTER 6, DIVISION 1
TITLE 7 OF SAN DIEGO COUNTY CODE
COUNTY OF SAN DIEGO
DEPARTMENT OF PUBLIC WORKS
5510 OVERLAND AVENUE, SUITE 110
SAN DIEGO, CA 92123
PHONE (858) 694-2055 • FAX (858) 279-7020
E-mail ROWPERMITCOUNTER@SDCOUNTY.CA.GOV

Date _____

THOMAS BROTHERS		
YEAR	PAGE	COORD

Permit Owner _____ Telephone # _____
Last Name *First*

Mailing Address _____
Street *City* *State* *Zip Code*

Application Contact Name _____ Email Address _____ Telephone # _____

Is this a Broadband Project? YES ☐ NO ☐

Is the work part of a larger project or program requiring multiple permits, or currently under review for permit? YES ☐ NO ☐

If yes provide: Related Permits _____ Assessor Parcel # _____

Is this a utility relocation in connection with a County Capital Improvement Project? YES ☐ NO ☐

If yes provide: Name of Project _____

Location of encroachment _____
Street Name and Number and nearest cross street

☐ Fencing ☐ Political Signs ☐ Scaffolding ☐ Storage ☐ Yard ☐ Other

Describe _____

Will encroachment interfere with the public use and maintenance of?

Travelled way	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Side path or sidewalk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shoulder or parking lane	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drainage structure or watercourse	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Justification for Encroachment _____

Permit requested: ☐ 1 day ☐ 3 days ☐ 10 days ☐ indefinite ☐ _____ days Effective date _____ 12.01 a.m.

AGREEMENT

In consideration of the granting of this permit, the applicant agrees:

- I hereby agree as a condition of the granting of this permit to provide defense and indemnification in accordance with Section 71.103 of the San Diego County Code of Regulatory Ordinances as follows: Permit Owner agrees to indemnify, hold harmless and defend the County and each of its officers and employees from any liability of responsibility for accident, loss or damage to persons or property arising by reason of the work done by Permit Owner, or Permit Owner's agents, employees or representatives.
- To comply with all applicable laws in the establishment, maintenance, and removal of the encroachment.
- That the Permittee and any other person engaged in any work authorized by this permit shall conform to all due safety precautions for the protection of persons and property.
- To remove or relocate any encroachment placed, changed or renewed under the authority of this permit; prior to its expiration or within 24 hours of notification to remove, if the duration is 10 days or less; or within 5 days of notification to remove, if the permit is of indefinite duration
- After removing or relocation the encroachment, to restore the highway to the equivalent or better condition than it was prior to the date this permit became effective, or prior to the date the encroachment was first placed, whichever is earlier.

"I declare under penalty of perjury under the laws of the State of California that the statements made herein are true and correct."

Signed _____ Date _____
Owner *Date*

Filming Encroachment Attachment

Filming within the County Maintained Right of Way

Filming Dates and Time

Start Date: _____ End Date: _____ Start Time: _____ End Time: _____

Location of Filming:

Street	From	To

Vehicles/Equipment/Crew & Description of Filming Activities:

Filming Contacts:

Production Company

Company Name: _____

Mailing Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

Agent

Company Name: _____

Name: _____

Phone: _____ Alternative Phone: _____

Email: _____

On Scene Contact

Company Name: _____

Name: _____

Phone: _____ Alternative Phone: _____

Email: _____



County of San Diego

Planning & Development Services (PDS)
Land Development/Right-of-Way Counter
5510 Overland Ave., Suite 110, San Diego, CA 92123

Information Sheet For Insurance Requirements For Right-of-Way Permits

Persons, Organizations, or Contractors encroaching in the County-maintained Right-of-Way must provide proof of insurance from a generally recognized domestic insurance carrier for the duration of the permitted encroachment, as follows (please refer to samples):

1) **CERTIFICATE OF LIABILITY INSURANCE**

- The Certificate must show evidence of **Commercial General Liability with a \$1,000,000 per occurrence** limit of liability.
- The Certificate must name the County of San Diego as a **CERTIFICATE HOLDER** and the County of San Diego, its agents, officers, and employees as **ADDITIONAL INSURED**.
- The Certificate must include the insurance policy number.

2) **ADDITIONAL INSURANCE ENDORSEMENT** (CG 20 12 04 13, use latest version if available)

- The Endorsement must name the County of San Diego, its agents, officers, and employees as **ADDITIONAL INSURED** for the above-noted Commercial General Liability policy.
- The Endorsement must include the insurance policy number.

If the Permittee maintains broader coverage and/or higher limits than the minimums shown above, the County requires and shall be entitled to the broader coverage and/or higher limits maintained by the Permittee. As a requirement of this contract, any available insurance proceeds in excess of the specified minimum limits and coverage stated above, shall also be available to the County of San Diego.

Please mail or email proof of insurance to:

County of San Diego
Planning & Development Services (PDS)
Land Development/Right-of-Way Counter
5510 Overland Avenue, Suite 110
San Diego, CA 92123

Contact: **Permit Coordinator**
Telephone: **(858) 694-2055**

Email:
ROWPERMITCOUNTER@SDCOUNTY.CA.GOV

Please indicate your permit record number when sending in your proof of insurance (DPW20XX-RWXXXX-12345)

**Sample of Items 1 & 2****CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
01/01/2020

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 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).

PRODUCER Name & Address of Insurance Company Producing Certificate		CONTACT NAME: Producer Contact Name PHONE (A/C, No, Ext): (123)456-7890 FAX (A/C, No): E-MAIL ADDRESS:		
INSURED Name & Address of Insured Contractor/Organization		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Name of Insurer A		12345
		INSURER B: Name of Insurer B		12345
		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	ADD'L INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		EXMPL12345	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
	GENERAL AGGREGATE \$ 2,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	EXMPL12345	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: Permit.

The County of San Diego, its officers, agents, & employees are included as additionally insured in accordance to General Liability policy provisions.

CERTIFICATE HOLDER**CANCELLATION**

County of San Diego 5510 Overland Avenue, Suite 110 San Diego, CA 92123	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
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ACORD 25 (2016/03)

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Sample of Item 3

POLICY NUMBER: EXMPL12345

COMMERCIAL GENERAL LIABILITY
CG 20 12 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL
AGENCY OR SUBDIVISION OR POLITICAL
SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

County of San Diego, its officers, agents, & employees
5510 Overland Avenue, Suite 110
San Diego, CA 92123

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

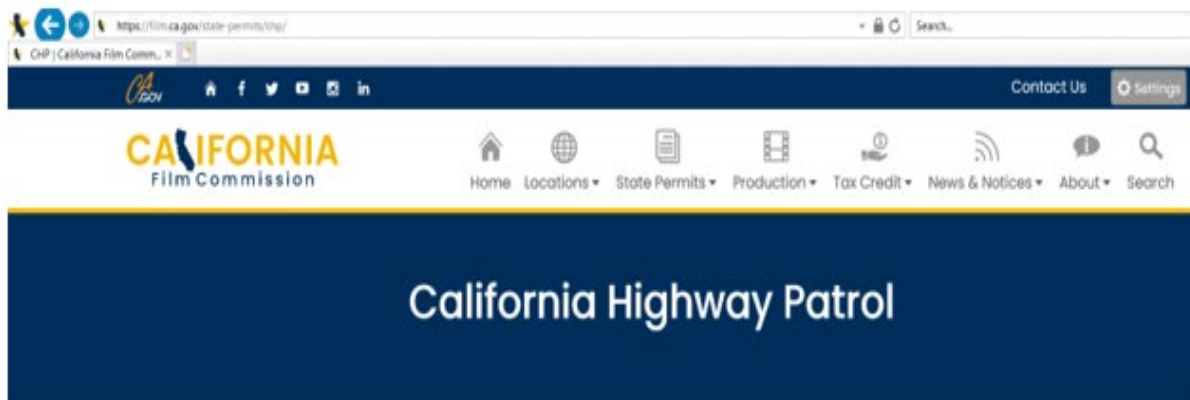
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Overview Map

Example #1





The California Film Commission has an onsite California Highway Patrol (CHP) Film Liaison who is available to assist with filming on State freeways and highways. The CHP Film Liaison advises companies and schedules CHP officers for film shoots. When filming on state roadways, officers are not automatically assigned and must be reserved in advance of filming. It is the production company's responsibility to contact the CHP Film Liaison a minimum of 72 hours prior to filming to determine whether officers are needed and available.

[Officer Ian Ramer](#)
CHP Media Relations Officer
Cell: 213.703.2070



CHP RATE SCHEDULE

1/19/2022 11:50

TO:
DELIVER TO:

JOB:

REFUNDS

The CHP's Accounts Receivable Unit in Sacramento (916.843.4330) handles all billings. You shall receive a bill or refund for the difference of the estimate listed below.

Please review the rate schedule below for accuracy. There is no need to contact me if everything appears to be correct.

Fed. Tax I.D. No: **942257827**

Officer hours	0	@	\$105.91	per hour *Estimated total cost	\$0.00
Sergeant hours	0	@	\$128.84	per hour *Estimated total cost	\$0.00
Motorcycle Officer	0	@	\$110.12	per hour *Estimated total cost	\$0.00
Motorcycle Sergeant	0	@	\$133.97	per hour *Estimated total cost	\$0.00
Miles car	0	@	\$1.45	Per mile *Estimated total cost	\$0.00
Miles motorcycle	0	@	\$1.31	Per mile *Estimated total cost	\$0.00
** <u>RATES CURRENT AS OF OCTOBER 21, 2021</u>					<u>TOTAL AMOUNT = \$0.00 *</u>
**<u>4 Hour minimum</u>					<i>*In the event of a rate increase, the production company shall pay the increase rates.</i>
					<i>*Based upon company representative's request for services</i>

*****THIS IS NOT AN INVOICE*****

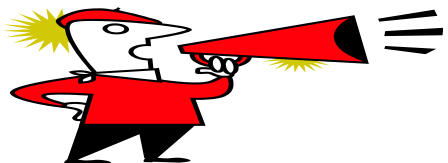
PRE-PAID: OFFICERS DO NOT COLLECT A CHECK ON-SCENE

COLLECT CHECK: OFFICERS COLLECT A CHECK ON-SCENE AT THE BEGINNING OF THE DETAIL.

Make Checks Payable to "California Highway Patrol" for the estimated total amount listed above.

REFERENCE CHP TRACKING NUMBER
ON ALL CHECKS:

R- 12-345-6789



MOVIE DETAIL FLYER

California Highway Patrol at the California Film Commission
7080 Hollywood Blvd., Suite No. 900, Hollywood, CA 90028
Office: 800.858.4749 X 103 Fax: 323.817.4113

Reimbursement #:

R- 12-345-6789

Overtime Duty Code: 50

Company Checks Must Reflect This Number

Special Code: 50

CHP Office:

Tel: 619.123.4567

From: CHP Officer Ian Ramer, #12345
California Highway Patrol -
Statewide Film Media Relations

Ian.Ramer@chp.ca.gov

Direct/Cell: 619.123.4567

Collect Check

abc123@aol.com

Production Company:

On-Scene Contact & Tel.

Address:

Tel:

Title:

On-Scene Time

FILMING DATE:

Officers & Cars Req:

Base Camp:

Duties:

*****THIS IS NOT AN INVOICE*****

Hours: Officer hrs estimated travel round trip: # (# hr each way)

Sergeant hrs estimated travel round trip:

Officers hours on-scene: #

Sergeant hours on-scene:

Mileage: Total Estimated miles round trip for each car: ### (# miles total per vehicle)

Officer Total Hours: #

TOTAL ESTIMATED DEPOSIT AMOUNT:

\$0,000.00

Sergeant Total Hours: #

**In the event of a rate increase, the production company shall pay the increase rates.*

Changes & Cancellations

*72 business hours notice is required to guarantee staffing by CHP personnel.

*Cancellation with less than 24 business hours notice will incur a 4-hour charge or a \$50.00 charge per Officer.

*Although not a guarantee, at least 24 business hours notice is needed for any changes made after the original order has been placed.

*All changes/ cancellations of any kind shall be communicated through Officer Ian Ramer (213.703.2070).

Production Company:	
Address for Production Company:	
Phone # for Production Company:	
On-Scene Contact name & Phone:	
Email:	
ng Date (##.##.2015 & Day of Week:	
Start and End Time:	2 Ofcrs. 0715 - 1530 Hrs
Number of Officers Requesting per Required on Permit	2 Officers with 2 vehicles
Title of Production:	
Base Camp (Meet Point for Officer(s)):	
Duties for Officer(s) - IE ITC, Closure:	
Pre-Paid or Collect Check:	

Name of Person Making order:



RIGHT-OF-WAY DONE RIGHT FAQ

TRAFFIC CONTROL WORK IN THE RIGHT-OF-WAY IS DANGEROUS!

It is essential that investments maximize worker and public safety and that the work is performed by a workforce that is well-trained and paid a wage that attracts high-quality workers and helps build healthy, self-sufficient communities.

On September 14, 2022, the Board of Supervisors directed the Chief Administrative Officer to develop and return with an ordinance that codifies a minimum wage for traffic control workers, including forepersons and other on-site staff necessary for traffic control, doing work on County of San Diego-maintained roads equal to or greater than the prevailing wage that is set by the Department of Industrial Relations in the State of California for traffic control on public works projects according to the type of work and location of the project.

1 WHAT DOES THE RIGHT OF WAY ORDINANCE DO?

Requires a prevailing wage be paid for all traffic control work performed by traffic control workers on roads maintained by the County of San Diego, with or without a permit.

2 WHAT IS THE CURRENT PREVAILING WAGE FOR TRAFFIC WORKERS?

The Prevailing Wage Rate for Building Construction Traffic Control Work - **\$62.80**²
The Prevailing Wage Rate for Engineering Construction Traffic Control Work - **\$64.04**³

3 WHO DOES IT APPLY TO?

All Traffic Control Workers meaning: any person engaged in stopping, slowing or directing traffic through a construction site or other portion of a Highway subject to a disruption in travel, including forepersons and other on-site staff necessary for traffic control, doing work on County of San Diego maintained roads.

4 WHEN DOES THE ORDINANCE TAKE EFFECT?

Any permit or approval issued by the County of San Diego after March 10 to perform work within a Highway that requires the use of a Traffic Control Worker must comply with this ordinance.

5 WHO DOES THIS ORDINANCE NOT APPLY TO?

Prevailing Wage Rates for Traffic Control Work do not apply to Small Projects which includes:

- A single-family residence;
- Event sponsored by a non-profit organization that makes use of a highway for no more than one day; or
- Any project costing less than \$1,000

6 WHAT IS THE PENALTY FOR NOT PAYING PREVAILING WAGE TO TRAFFIC CONTROL WORKERS?

Any failure to pay the required wage may, without limitation, be enforced by the Deputy Director of the Office of Labor Standards and Enforcement. Remedies can include: citation, civil penalty, injunctive relief (not limited to a stop work order).

7 HOW CAN A WORKER FILE A COMPLAINT AGAINST THEIR EMPLOYER IF THEY BELIEVE THEY WERE NOT PAID PREVAILING WAGE?

If you believe your rights under the Right-of-Way Done Right ordinance have been violated, you may file a complaint with the San Diego County OLSE by visiting www.sandiegocounty.gov/content/sdc/OLSE.html or by giving our office a call at (619) 531-5129.

8 WHAT IF I AM AN EMPLOYER AND I STILL HAVE QUESTIONS?

Contact the County of San Diego Department of Public Works at (858) 694-3850 for further information.

¹ The Director of the California Department of Industrial Relations determines the general prevailing rate of per diem wages for a particular craft, classification, or type of worker by geographical area. General determinations are typically issued twice a year on February 22 and August 22.

² The prevailing wage rate is the entirety of all of the following = \$37.68 (basic hourly rate) + \$8.75 (health and welfare) + \$9.99 (pension) + \$5.20 (vacation and holiday) + \$0.70 (training) + \$0.48 ("other") = **\$62.80**

³ The prevailing wage rate is the entirety of all of the following = \$38.80 (basic hourly rate) + \$8.75 (health and welfare) + \$9.99 (pension) + \$3.00 (vacation and holiday) + \$0.70 (training) + \$2.80 ("other") = **\$64.04**

