



277 OLD NYACK TURNPIKE, CHESTNUT RIDGE, NY 10977 / 845-425-2805 / FAX 845-352-6277

**Application and Permit for Road Opening**

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Road and location of opening from nearest intersection or other reference mark: \_\_\_\_\_

\_\_\_\_\_

Purpose of Opening: \_\_\_\_\_

Estimated Size of Opening: \_\_\_\_\_ In Shoulder: \_\_\_\_\_ In Pavement \_\_\_\_\_

Work expected to start: \_\_\_\_\_ 20 \_\_\_\_\_ Completed on: \_\_\_\_\_ 20 \_\_\_\_\_


The Applicant agrees to comply with all the specifications attached hereto and with the rules and regulations, as well as all laws, ordinances and regulations relating to said work and the acceptance of the permit shall be deemed an agreement to abide by all its terms and contracts

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Applicant do not write below this line

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approved: \_\_\_\_\_ Receipt No. \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

**Permit not valid until approved**

Road opening \_\_\_\_\_ Base Course \_\_\_\_\_ Final Restoration \_\_\_\_\_ Accepted \_\_\_\_\_

Inspections: \_\_\_\_\_

Remarks: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Total Inspections: \_\_\_\_\_ @ \$ \_\_\_\_\_ \$ \_\_\_\_\_ Deposits Received: \_\_\_\_\_ \$ \_\_\_\_\_

Future Maint: \_\_\_\_\_ sq.ft. @ \$ \_\_\_\_\_ \$ \_\_\_\_\_ Total Charges \_\_\_\_\_ \$ \_\_\_\_\_

Future Maint. \_\_\_\_\_ sq.ft. @ \$ \_\_\_\_\_ \$ \_\_\_\_\_ Balance: \_\_\_\_\_ \$ \_\_\_\_\_

Other Charges \_\_\_\_\_ \$ \_\_\_\_\_

Total Charges \_\_\_\_\_ \$ \_\_\_\_\_