

COBLESKILL HIGHWAY DEPARTMENT RIGHT-OF-WAY PERMIT APPLICATION

SUBMIT APPLICATION TO: TOWN OF COBLESKILL HIGHWAY SUPERINTENDENT, PO BOX 327, COBLESKILL, NY 12043
PH: 518-234-2990 **FAX:** 518-234-2068

FILE NO. _____

APPLICATION IS HEREBY MADE FOR A RIGHT-OF-WAY PERMIT
BY:

CONTRACTOR:

Name _____

Name _____

Street Address _____

Street Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Applicant Phone # _____

Contact Person
Phone # _____

Contact Person
Cell Phone # _____

Work Location (Street Address) _____

SBL numbers for all work locations _____

Between property address _____ and property address _____

RETURN PERMIT (WHEN ISSUED) TO: (IF DIFFERENT FROM APPLICANT)

Name _____ UFPO # _____

Street Address _____ HIGHWAY WORK PERMIT # _____

City _____

State _____ Zip Code _____

ESTIMATED COST OF WORK BEING PERFORMED IN HIGHWAY RIGHT-OF-WAY \$ _____

ANTICIPATED DURATION OF WORK From _____ / _____ / _____ thru _____ / _____ / _____

PROTECTIVE LIABILITY INSURANCE COVERED BY POLICY # _____ WHICH EXPIRES ON _____ / _____ / _____

WORKERS COMPENSATION INSURANCE COVERED BY POLICY # _____ WHICH EXPIRES ON _____ / _____ / _____

BRIEF DESCRIPTION OF PROPOSED WORK _____

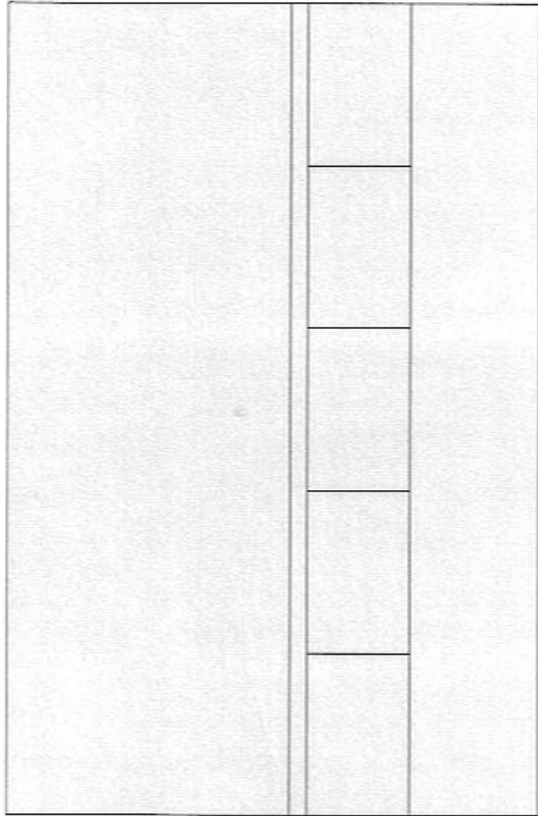
PLEASE ATTACH PLANS AND SPECIFICATIONS

PLEASE SUBMIT PROOF OF PROTECTIVE LIABILITY AND WORKERS COMPENSATION INSURANCE

**APPROVAL RECOMMENDED BY HIGHWAY
SUPERINTENDENT**

_____ **DATE** _____

Please indicate on the above diagram all areas which will be disturbed
All disturbed areas must be replaced to Village specifications



Street
Curb
Sidewalk
Green space