

STREET OPENING PERMIT REQUIREMENTS

STREET PERMITS WILL NOT BE ISSUED IF THE BELOW ITEMS ARE NOT SUBMITTED WITH YOUR APPLICATION, AND/OR THE APPLICATION IS NOT COMPLETELY FILLED OUT AND SIGNED

1. Certificate of Insurance **MUST** include the following:
 - a. Certificates must be an original
 - b. Certificates must list the Town of Greenburgh as **“ADDITIONAL INSURED”**
 - c. General Liability – (\$2,000,000.00 minimum)
 - d. Workman’s Compensation coverage
 - e. New York State Disability coverage
 - f. Certificate must be signed by the authorized insurance agent (original signature required)
2. A drawing of work to be performed must be submitted at the time permit is being applied for. Drawing must include: address and property description (Volume, Block, and Lot), which may be obtained from the Town Assessor’s office. Drawing must also include; length, width and depth of work being performed.
3. **CODE 53:** Before any excavations can begin in the Town Right-Of-Way, and with this application, you must provide a “Call Before You Dig” case number. Call 1-800-962-7962
4. A field meeting with a DPW representative is required prior to any excavation.
5. Control density fill (K-Crete) is required in all roadway trenches.
6. No excavation may be left opened unless special permission is authorized by the Commissioner of Public Works.
7. Greenburgh Police Traffic Control may be required for road/lane closures. Please contact the Police Department’s Traffic unit at GPDtraffic@greenburghny.com
8. Applications for any container, pod or dumpster placed in the street will be reviewed, and approval will only be given under special circumstances. Any container in the street is required to be surrounded by cones and/or caution tape.
9. One check in the (minimum) amount of \$50.00 dollars, payable to the Town of Greenburgh to cover the Permit fee.
10. A second check, also payable to the Town of Greenburgh, in the (minimum) amount of \$400.00 dollars to be maintained by the Town as a deposit toward the completion of proper restoration of the work performed. This amount is subject to change as designated by the Town Inspector (based on length, width, and depth of excavation).

PLEASE NOTE: THIS OFFICE MUST BE NOTIFIED FOR A FINAL INSPECTION OF COMPLETED WORK PRIOR TO THE REFUND OF YOUR DEPOSIT.

PLEASE CALL THE ENGINEERING DEPARTMENT AT (914) 989-1583 or Email: czupcak@greenburghny.com

NOTE: Any expansion of the driveway will require an approved permit from the Building Department prior to receiving approval for a street opening permit.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/22/2010

PRODUCER

Insurance Producer's Name and Address

THIS CERTIFICATE 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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Insured's Name and Address

INSURER A: Homeland Ins. Co. of NY

INSURER B: General Accident Insurance of America

INSURER C: PG Insurance Company

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	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input 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	List Policy #	09/22/2009	09/22/2010	EACH OCCURRENCE \$ 2,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
B	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	List Policy #	09/22/2009	09/22/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	List Policy #	09/22/2009	9/22/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000.00 E.L. DISEASE - EA EMPLOYEE \$ 100,000.00 E.L. DISEASE - POLICY LIMIT \$ 500,000.00
	<input type="checkbox"/>	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

THE TOWN OF GREENBURGH AS ADDITIONAL INSURED

CERTIFICATE HOLDER

THE TOWN OF GREENBURGH
177 HILLSIDE AVENUE
GREENBURGH, NEW YORK 10607

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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

Email Address: _____

Permit # -DPW- _____

**PERMIT ISSUED UNDER STREET EXCAVATION ORDINANCE
TOWN OF GREENBURGH
DEPARTMENT OF PUBLIC WORKS**

Applicant: _____ SITE CONTACT NAME: _____
PHONE: _____

Address : _____ Phone: _____

Owner : _____

Address : _____ Phone No.: _____

Opening – Street Name: _____

Purpose of Application : _____

Max. Size of Opening : WIDTH _____ LENGTH _____ DEPTH _____

TYPE OF PAVEMENT TO BE DISTURBED: _____

FEE RECEIVED \$.....CHECK #.....DEPOSIT RECEIVED * \$.....CHECK #.....ADDITIONAL FEES \$.....CHECK #.....

INSURANCE _____ EXPIRATION DATE:: _____

START DATE: _____ DURATION OF WORK: _____

REQUIREMENTS AND CONDITIONS:

1. One, (1) sketch must be submitted showing location of work, size of openings and distance to nearest intersection.
2. Code 53: Before any excavations can begin in right-of-way, and with this application you must provide a "Call Before You Dig" Case Number _____ Call 1-800-962-7962
3. A field meeting with a DPW representative is required prior to any excavation.
4. Control density fill (K-Crete) is required in all roadway trenches.
5. No excavation may be left opened unless special permission is authorized by the Commissioner of Public Works.
6. Greenburgh Police traffic control may be required for road/lane closures. Please contact the Police Department's Traffic Unit at GPDtraffic@greenburghny.com
7. Recess road plates
8. Any container, pod or dumpster placed in the street is required to be surrounded by cones and/or caution tape
9. **UPON COMPLETION , PLEASE CALL THE ENGINEERING DEPARTMENT AT (914) 989-1583 OR EMAIL: CZUPCAK@GREENBURGHNY.COM FOR AN INSPECTION.**

I certify that I have received due notice of the provisions of the Street Ordinance of the Town of Greenburgh adopted August 1, 1961 and amended, and agree to conform to all conditions contained therein as well as to the rules and regulations and specifications of the Department of Public Works.

APPLICANT _____

Permit issued by: _____ Date: _____

In authorizing this permit, nothing herein shall be construed or otherwise interpreted as a determination by the Applicant, The Town of Greenburgh, or any of its employees, officers or officials of the ownership rights of any portion of the street for which application is being made.

*Deposit Refunds are made out to the party who issued the check only.

NOTE: Any expansion of the driveway will require an approved permit from the building department prior to receiving approval for a street opening permit