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Serving & Preserving Your Gem on the Hudson	

VILLAGE OF NYACK DEPARTMENT PUBLIC WORKS

63 CATHERINE STREET NYACK, N.Y. 10960 845) 358-3552 OFFICE (845)-348-0935 FAX

PERMIT APPLICATION FOR ROAD OR SIDEWALK OPENING AND CURB CUTS

PERMIT #: _____

Date:				
Applicant:				
Address:		Phone:		
Name of street and location of stre	et opening and nearest	intersection or other re	ference mark:	
Purpose of street opening:				
Estimated size of opening:	type of pavement			
Work expected to start on:	20 Comple	eted on:	20	
 excavate/complete utili compact backfill in 6" li place and compact 8 ½" place and compact tem after minimum of 3 mo saw cut or grind (mill) p level off and compact d sweep area and tack co place and compact 3" o place and compact 1" o maintain permanent parequired; and, Bituminous patch total than 4". Construction area shall be sweep 	fts to within 12 ½" of finish of dense graded crushed porary hot patch (maintain nths open to traffic, remove avement; ense graded crushed stone at pavement edges; f bituminous binder; f bituminous top to finishe thch for 6 months and infra thickness shall be a <u>minim</u> ept and all excess materials ckfill shall not contain pav grade and condition with m	hed grade (unless flowable stone (unless flowable fill n patch on daily basis, as r ve temporary patch; e; ed grade; n-red heat treat (or equal) <u>num of 4"</u> or must match e s removed from the site a rement, stones larger than naterials that are equal to	e fill used); used); needed); entire cut immediately thereafter, if existing pavement thickness if greater and legally disposed of. a 3", or any other deleterious materials). or better than existing.	
	FEE AND INSURAN	CE REQUIREMENTS		
Tw	vo separate checks req	uired for deposit and	fee	
Road & Sidewalk Opening		Curb Cut / Repair		

Road & Sidewalk Opening	Curb Cut / Repair		
Deposit (refundable) \$1000	 Deposit (refundable) \$500 		
• Fee: \$600	• Fee: \$25 per L/F, minimum of \$100		



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CERTIFICATE OF INSURANCE REQUIREMENTS

Certificate of Insurance to name the Village of Nyack as co-insured

Certificate of Insurance #:_____

- Property Damage
 - **\$1,000,000** per individual
 - **\$1,000,000 per occurrence**
- Personal Injury
 - \$1,000,000 per individual
 - \$1,000,000 per occurrence

Permit is valid for 30 days from the date of issue

(Print Name of Applicant)

Address to refund deposit:

(Signature of Applicant)

Department of Public Works Approval & Date:

Building Department Approval & Date: