

State of New York  
Department of Transportation

Form PERM 33 (8/01)

# **Highway Work Permit Application for Non-Utility Work**

Instructions and Form

Submit three copies (photocopies acceptable)

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR HIGHWAY WORK PERMIT – NON-UTILITY**

### **FRONT OF APPLICATION**

An Applicant may not have all pertinent information at the time of completing the application form since certain information relative to fees, insurance and guarantee deposits may be contingent upon determinations to be made by the Department. In such cases, the information may be left blank and remittance withheld until the information is determined by the Department.

Please complete the following:

- Permittee's name and address. For more than one applicant, also fill in the joint applicant's name and address.
- Federal Identification Number of the company or individual Social Security Number.
- Applicant's telephone number. A telephone number where applicant can be contacted concerning the application. Please include area code.
- Project Identification No. and Highway Work Permit No. will be completed by the issuing office.
- Name of Contact person and their telephone number in case of emergency.
- If Highway Work Permit is to be returned to someone other than the applicant, complete this section.
- Estimate the cost of work being performed in the State highway right-of-way and place this figure on the blank line.
- Indicate anticipated duration of work to be performed with starting date and ending date on this line.
- You may provide your own insurance, purchase insurance through the Department, if available, or provide an Undertaking (for Utilities and Municipalities only). If you choose to provide your own insurance, a PERM 17 will be necessary. The PERM 17 may be obtained at the office you obtained this form from. It must be completed by your insurance company and accompany the permit application upon submission. The Policy number and expiration date of the PERM 17 should be shown on this line.
- Give a brief description of the proposed work that is to be done under this permit
- Plans and specifications should accompany this application for any work that involves construction within the State highway right-of-way. Place a check mark on the lines for plans and specifications if they are attached.
- Location of the project should be identified by: State Route; State Highway Number, if known; State Highway reference markers and Town and County in which work area is located.
- SEQR requirements: This may be required for larger projects – Contact the Regional Office of the Department of Transportation to determine if these requirements are necessary.
- Signature of applicant (permittee) and date.
- Signature of second applicant, if any, and date.

### **BACK OF APPLICATION**

- Check type of work that will be performed.
- In the appropriate column indicate:
  - Manner in which insurance coverage is furnished the Department, i.e., PERM 17 (P17) or Under-Taking (UT) or Insurance Fee (IF), if available (N/A means the Department's insurance is not available).
- Indicate total amount of permit fee and insurance fee, if applicable.
- Indicate check number of Guarantee Deposit or Bond Number, if required. This will be determined by the Department upon submission of application.

**Shaded areas will be completed by the Department of Transportation.**

**Remove the application form from the back of this packet and submit 3 copies to the Department for approval.**

**RESPONSIBILITIES OF PERMITTEE  
PURSUANT TO NON-UTILITY HIGHWAY WORK PERMITS**

**FAILURE TO OBTAIN A PERMIT OR FAILURE TO COMPLY WITH THE TERMS OF A PERMIT MAY RESULT IN THE DEPARTMENT HALTING THE ACTIVITY FOR WHICH A PERMIT IS REQUIRED UNTIL ADEQUATE CORRECTIONS HAVE BEEN MADE.**

**PROTECTIVE LIABILITY INSURANCE COVERAGE**

Permittee must have protective liability insurance coverage in accordance with Department requirements. See "Certificate of Insurance for Highway Permits" (Form PERM 17, NYSDOT).

Expiration of, or lack of, liability insurance automatically terminates the permit. Insurance coverage may be provided by furnishing the Department with one of the following:

1. A completed Certificate of Insurance for Highway Permits (Form PERM 17, NYSDOT).
2. Purchase the Department Blanket Policy for Highway Work Permits from the Department, if available. N/A shown on the Application in the insurance column means Department insurance coverage is not available for that type of project.
3. Provide an Undertaking. Undertakings are limited to Public Service Corporations and government units.

**COMPENSATION INSURANCE AND DISABILITY COVERAGE**

The permittee is required to have compensation insurance and disability coverage as noted in the provisions of the Worker's Compensation Law and Acts amendatory thereof for the entire period of the permit, or the permit is invalid.

**NOTIFICATION**

The following should be notified at the appropriate time as shown below:

1. Commissioner of Transportation, through Regional Office, one week prior to commencing work.
2. Area gas distributors 72 hours prior to any blasting.
3. Utility companies with facilities in work areas before starting work, in accordance with Industrial Code 53 (permission from utility company must be obtained before commencing work affecting utilities' facilities).
4. New York State Department of Transportation, Regional Signal Maintenance Shop, 3 days prior to starting work.
5. New York State Department of Transportation Regional Office at conclusion of work and return original copy of permit to Resident Engineer.

**Permit Notification for Annual Permits:** Notify by telephone, the Regional or Resident Engineer's Office in advance, when work is to be performed.

**SITE CARE AND RESTORATION**

An Undertaking, a bond or a certified check in an amount designated by the Department of Transportation may be required by the Regional Office, before a permit is issued, to guarantee restoration of the site to its original condition. If the Department is obliged to restore the site to its original condition, the costs to the Department will be deducted from the amount of the permittee's guarantee deposit at the conclusion of the work. Costs in excess of the Bond/guarantee deposit on file will be billed directly to the permittee.

The permittee is responsible for traffic protection and maintenance including adequate use of signs and barriers during work and evening hours. Anyone working within the State highway right-of-way will wear high visibility apparel (orange/yellow) and hard hat.

No unnecessary obstruction is to be left on the pavement or the State highway right-of-way or in such a position as to block warning signs during non-working hours.

No work shall be done to obstruct drainage or divert creeks, water courses or sluices onto the State highway right-of-way.

All false work must be removed and all excavations must be filled in and restored to the satisfaction of the Regional Maintenance Engineer.

## **COSTS INCURRED BY ISSUANCE OF THIS PERMIT**

All costs beyond the limits of the protective liability insurance, surety deposits, etc. are the responsibility of the permittee. The State shall be held free of any costs incurred by the issuance of this permit, direct or indirect.

## **SUBMITTING WORK PLANS**

The applicant will submit work plans and/or a map as required by the Department. This shall include such details as measurements of driveways with relation to nearest property corner, positions of guys supporting poles and a schedule of the number of poles and feet of excavation necessary for completion of the work on the State right-of-way. A description of the proposed method of construction will be included.

Plan work with future adjustments in mind, as any relocation, replacement or removal of the installation authorized by this permit and made necessary by future highway maintenance, reconstruction or new construction, will be the responsibility of the permittee.

Driveway plans should be prepared in accordance with the POLICY AND STANDARDS FOR ENTRANCES TO STATE HIGHWAYS.

The permittee must coordinate the work with any state construction being conducted.

## **TRAFFIC MAINTENANCE**

A plan detailing how the permittee intends to maintain and protect traffic shall be submitted with work plans. Traffic shall be maintained on the highway in a safe manner during working and non-working hours until construction is completed. The permittee is responsible for traffic protection and maintenance, including adequate use of signs, barriers, and flag persons during working and non-working hours until construction is completed.

All sketches will be stamped with "MAINTENANCE OF TRAFFIC SHALL BE IN CONFORMANCE WITH THE NEW YORK STATE MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES."

## **COST OF INSPECTION AND SUPERVISION**

Prior to issuance of the Highway Work Permit, the permittee may be required to sign an INSPECTION PAYMENT AGREEMENT FOR HIGHWAY WORK PERMITS (FORM PERM 50) agreeing to the payment of inspection charges and/or PAYMENT OF AGREEMENT FOR HIGHWAY WORK PERMITS DESIGN REVIEW (FORM PERM 51) for Department employees. Inspection charges will be based on number of work days. Design Review charges will be based on number of work hours.

## **SCOPE**

**Areas Covered:** Permits issued are for highways, bridges and culverts over which the New York State Department of Transportation has jurisdiction. (Local governments issue permits for highways under their jurisdiction.)

**Legal:** The privilege granted by the permit does not authorize any infringement of federal, state or local laws or regulations, is limited to the extent of the authority of this Department in the promises and is transferable and assignable only with the written consent of the Commissioner of Transportation.

**Commissioner's Reservation:** The Commissioner of Transportation reserves the right to modify fees and to revoke or annul the permit at any time, at his discretion without a hearing or the necessity of showing cause.

**Locations:** Work locations must be approved by the Department.

**Maintenance:** Property owners having access to a state highway shall be fully responsible for the maintenance of their driveway in accordance with POLICY AND STANDARDS FOR ENTRANCES TO STATE HIGHWAYS.

**Work Commencement:** The Permittee shall have a copy of the permit available at the site during the construction period. Work should start within 30 days from validation date of permit or said permit may be revoked.

## **COMPLETION OF PROJECT**

Upon completion of the work within the state highway right-of-way authorized by the work permit, the person and his or its successors in interest, shall be responsible for the maintenance and repair of such work or portion of such work as set forth within the Terms and Conditions of the Highway Work Permit.

STATE OF NEW YORK DEPARTMENT OF TRANSPORTATION  
HIGHWAY WORK PERMIT APPLICATION FOR NON-UTILITY WORK

Application is hereby made for a highway work permit:

For Joint application, name and address of Second Applicant below:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal I.D. No. or Social Security No. \_\_\_\_\_

Applicant Telephone No. \_\_\_\_\_

Contact person in case of emergency \_\_\_\_\_

Telephone No. of contact person \_\_\_\_\_

Project Identification No. \_\_\_\_\_

Highway Work Permit No. \_\_\_\_\_

RETURN PERMIT TO (If different from above):

RETURN OF DEPOSIT/BOND TO (Complete only if different from permittee):

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Estimated cost of work being performed in state highway right-of-way \$ \_\_\_\_\_

2. Anticipated duration of work: From \_\_\_\_\_ 20, \_\_\_\_\_ thru \_\_\_\_\_, 20 \_\_\_\_\_, to apply to the operation(s) checked on the reverse side.

3. Protective Liability Insurance covered by Policy No. \_\_\_\_\_ ; expires on \_\_\_\_\_ 20 \_\_\_\_\_

4. A \$20.00 fee will be charged for checks returned by the bank.

PROPOSED WORK (Brief description): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ATTACHED: Plans \_\_\_\_\_ Specifications \_\_\_\_\_ LOCATION: State Route \_\_\_\_\_ State Highway \_\_\_\_\_

between Reference Marker \_\_\_\_\_ and Reference Marker \_\_\_\_\_

Town of: \_\_\_\_\_ County of: \_\_\_\_\_

SEQR REQUIREMENTS (Check appropriate item):

\_\_\_\_\_ Exempt \_\_\_\_\_ Ministerial \_\_\_\_\_ Type 11 \_\_\_\_\_ EIS or DEIS Lead Agency \_\_\_\_\_

If project is identified to be ministerial, exempt, or TYPE 11, no further action is required.

If project is determined to be other than ministerial, exempt, or TYPE 11, refer to M.A.P.7.12-2, Appendix A SEQR REQUIREMENTS FOR HIGHWAY WORK PERMITS.

Acceptance of the requested permit subjects the permittee to the restrictions, regulations and obligations stated on this application and on the permit.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_ .

Second Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_ .

Approval recommended \_\_\_\_\_ 20 \_\_\_\_\_, By Resident Engineer \_\_\_\_\_ Residency No. \_\_\_\_\_

Approved \_\_\_\_\_ 20 \_\_\_\_\_, By Regional Traffic Engineer \_\_\_\_\_ Region No. \_\_\_\_\_

PERMIT IS ISSUED CONTINGENT UPON LOCAL REQUIREMENTS BEING SATISFIED.

CHECK TYPE OF OPERATION	Permit Fee	Insurance Fee	Perm 17 or Under Taking	Total Amount of Fee and/or Insurance	Guarantee Deposit and/or Bond Amount
5. <input type="checkbox"/> Single job – Permit issued for each job a. <input type="checkbox"/> Driveway or roadway 1. <input type="checkbox"/> Residential 2. <input type="checkbox"/> Commercial – Minor a. <input type="checkbox"/> Home Business 3. <input type="checkbox"/> Commercial – Major – (Less than 100,000 square feet Gross Building Area) 4. <input type="checkbox"/> Commercial – Major – (100,000 square feet Gross Building Area and Greater) 5. <input type="checkbox"/> Subdivision Street 6. <input type="checkbox"/> Temporary access road or street b. <input type="checkbox"/> Improvement 1. <input type="checkbox"/> Residential 2. <input type="checkbox"/> Commercial Check additional description below: a. <input type="checkbox"/> Install sidewalk, curb paving, stabilized shoulder, drainage, etc. b. <input type="checkbox"/> Grade, seed, improve land contour, clear land of brush, etc. c. <input type="checkbox"/> Resurface existing roadway or driveway d. <input type="checkbox"/> Annual resurfacing of residential and commercial roadways or driveways. 1. <input type="checkbox"/> Per County 2. <input type="checkbox"/> Per Region c. <input type="checkbox"/> Tree Work 1. <input type="checkbox"/> Residential 2. <input type="checkbox"/> Commercial (not required for pruning if utility has annual maintenance permit) Check additional description below: a. <input type="checkbox"/> Removal or planting b. <input type="checkbox"/> Pruning, applying chemicals to stumps, etc. 3. <input type="checkbox"/> Vegetation control for advertising signs d. <input type="checkbox"/> Miscellaneous Construction 1. <input type="checkbox"/> Beautifying ROW – (for Civic Groups only) 2. <input type="checkbox"/> Temporary signs, banners, holiday decorations a. <input type="checkbox"/> Not-for-profit organizations b. <input type="checkbox"/> Organizations other than not-for-profit 3. <input type="checkbox"/> Traffic control signals 4. <input type="checkbox"/> Warning and entrance signs 5. <input type="checkbox"/> Miscellaneous – Requiring substantial review 6. <input type="checkbox"/> Miscellaneous 6. <input type="checkbox"/> Encroachment caused by D.O.T. acquisition of property 7. <input type="checkbox"/> Compulsory permit required for work performed at the request of D.O.T. a. <input type="checkbox"/> Building demolition or moving requested by D.O.T. 1. <input type="checkbox"/> Demolition 2. <input type="checkbox"/> Moving b. <input type="checkbox"/> Improvement to meet Department standards 8. <input type="checkbox"/> Miscellaneous 9. <input type="checkbox"/> Adopt a Highway	\$ 15 550 100 1400 Actual cost with Minimum of \$2000 upon permit app. 900 200 15 25 200 100 50 150 400 15 25 150/sign NC NC 25 500 25 400 25 25 NC 25 NC	\$ 25 175 75 N/A N/A N/A 150 75 50 N/A N/A 25 50 75 25 25 175 50 175 50 50 50			

Guarantee Deposit Check Number or Bond Number \_\_\_\_\_