



TOWN OF NISKAYUNA
APPLICATION FOR HIGHWAY PERMIT

1040 WTRY Road
 Niskayuna, New York 12309
 Phone 518-785-9753 Fax 518-785-3472

APPLICATION IS HEREBY MADE to the Town of Niskayuna Building Department for the issuance of a highway permit pursuant to the conditions listed on the permit issued. The Applicant or Owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application which are part of these requirements, and will also allow or arrange access for inspections.

Before digging, call Dig Safely New York excavation notification center at 1-800-962-7962 to locate utilities. All utilities (gas, electric, phone, cable TV, etc) will be located free of charge.

BEFORE any work is commenced under this permit, notify the Town of Niskayuna Highway Department, 518-785-9753.

WORK SITE ADDRESS _____

DESCRIBE WORK APPLIED FOR _____

ESTIMATED VALUE OF ALL WORK: (labor and materials) TOTAL \$ _____

APPLICANT _____ **DAY PHONE** _____

CHECK ONE: _____ CONTRACTOR
 _____ HOMEOWNER
 _____ OTHER (explain) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

CONTRACTOR _____ **DAY PHONE** _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Note: Proof of insurance is required. Please review our **Insurance Requirements** document to ensure contractors and homeowners have filed all appropriate documents with the Building Department.

PROPERTY OWNER _____ **DAY PHONE** _____

ADDRESS (if different than above) _____

CITY _____ STATE _____ ZIP _____

PLEASE SIGN Page 2

The applicant has reviewed and fully understands the requirements and conditions listed on this application. Article II, Section 75.5B of the Code of the Town of Niskayuna requires that where such application is made by a person other than the owner, it shall be accompanied by an affidavit of the owner or applicant that the proposed work is authorized by the owner and that the applicant is authorized to make such application.

Applicants who are the owners of the property DO NOT have to have this application notarized.

The undersigned hereby swears that the information provided on this application is true, correct and accurate.

Sworn to me on this _____ day of _____, _____

Signature of Applicant

Printed Name

Notary Public, State of New York

Date

(FOR OFFICE USE ONLY BELOW)

WORK SITE ADDRESS _____

KNOWN EASEMENTS: _____ WATER _____ SEWER _____ DRAINAGE _____ OTHER

PERMIT FEE DUE \$ _____ BASED ON _____

COMMENTS _____

ZONING DISTRICT _____ SECTION-BLOCK-LOT _____

REQUIRED INSPECTIONS:

- _____ 1. FINAL INSPECTION, performed by the Highway Department, call 518-785-9753.
- _____ 2. (ADDITIONAL INSPECTIONS) _____

APPROVED BY _____

DATE _____