APPLICATION AND PERMIT FOR ROAD OPENING

(By other than Utility or Municipal Corporations)



TOWN OF SAUGERTIES

Highway Department

(Mailing) 4 High Street (Location) 25 Churchland Road Saugerties, New York 12477 Tel: (845) 246-2400 Fax: (845) 247-0013



DIG SAFELY MARKOUT #	DATE		_
START DATE	DATE END	PERMIT NO	
PROPERTY OWNER			
DATE OF EXCAVATION			
BOND NO.			
INSURANCE COMPANY			
INSURANCE POLICY NO		AMOUNT	
PERMIT EXPIRATION DATE			
		ulations, laws and ordinances relating to said work ement to abide by all of its terms and conditions.**	
Authorized Signature	Title		
	Applicant do not write h	pelow this line	
Remarks:			
Approved:		Permit #	

Superintendent of Highways / Deputy Superintendent of Highways

- Trench cut will be saw cut with a clean straight edge.
- All unsuitable fill excavated will be discarded and replaced with Item 4 compacted in 6 inch lifts and maintained until settlement ceases.
- For pavement installation saw cut again to bridge trench area. Remove 5 inches and replace with 3 inches of type 3 dense binder compacted and 2 inches of type 6 top compacted.
- Traffic must be maintained at all times.
- No open trenches overnight.
- If a road closure is necessary for crossing the Emergency Access will be maintained for all areas and structures within construction zone(s). Road closure shall be coordinated with the School District Transportation Manager; Carol Petramale, 247-6500 Extension 9350.
- Owner, Contractor or Corporation signing below will be held responsible for all maintenance of trench areas for one full year following completion of pavement. Certificate of insurance shall be renewed and held on file for this period time.
- Town of Saugerties Highway Department will notify all fire, police, EMS and post office of road closure(s) and openings if full closure is required.
- A final inspection by the Town of Saugerties Highway Superintendent is required and he may require other periodic inspections during the duration of the project.
- A \$5,000.00 performance bond and appropriate insurance must be secured before the project has begun as per the following:

Insurance Requirements for Contractors:

A. Named Certificate Holder:

Town of Saugerties Highway Department

4 High Street

Saugerties, NY 12477

Phone: 845-246-2400 / Fax: 845-247-0013

- B. Performance Bond: Minimum of \$5,000 bond
- C. Workers' Compensation
- D. Liability Insurance
- E. Property Damage Insurance

Prior to the start or continuation of any work, you must provide this department proof of required insurance and keep it in force or this department will put a stop work order on the project. All Insurance must have the Town of Saugerties Highway Department as named Certificate Holder.

2) Policy Cancellation / Changes in Policies:

- A. Until such time as the insurance is no longer required by the Town of Saugerties Highway Department, contractor shall provide us with renewal or replacement evidence of insurance no less than thirty (30) days before the expiration or replacement of the required insurance.
- B. Contractor, authorized individual or insurance companies' representative shall send the Town of Saugerties Highway Dept. a facsimile copy to (845) 247-0013 of the policy cancellation and/or change of policy immediately upon their receipt.

If, at any time the contractor fails to comply with the requirements and/or contractor has knowledge of any such failure, contractor shall immediately notify this department and immediately replace such insurance and/or bond with insurance as stipulated and required.

- 3) Insurance Requirements for Sub-Contractors:
 - A. If an approved contractor finds the need to require the service(s) of a sub-contractor, the following must be adhered to. Approved contractor shall ensure that all their sub-contractors shall maintain insurance in like form and amount(s), same as said contractor requirements. Each sub-contractor shall provide Certificates of Insurance to approved contractor prior to the start of the sub-contractor's work on project.

Town of Saugerties Highway Dept.	Owner/Contractor
Signature	Signature
Print Name	Print Name
Title	Title
Date	Date