



# OCCUPANCY PERMIT APPLICATION

*For Official Use Only*

Occupancy Permit Number

Work Permit Number

Construction Permit Number

**APPLICANTS:** Please print or type.  
Read and complete Sections 1-4 and sign Section 5.

**DIVISION PERMIT COORDINATOR:** Forward completed application to HQ Permit Coordinator.

## Section 1 APPLICANT IDENTIFICATION INFORMATION

(Check one)  Individual  Municipality  Utility  New  Amended  
 Business/Corporation  Public Agency  Not for Profit

Name Federal ID No.

E-mail Address

Street Address P.O. Box

Town/Village/City State Zip Code

Contact Person Name (please print) Telephone Number ( ) Ext. Fax Number ( )

E-mail Address

## Section 2 FACILITY IDENTIFICATION INFORMATION

LOCATION OF FACILITY (check all that apply)  Underground Depth in inches  Aerial  Surface  Bridge Attachment Orientation (Check one or both)  Longitudinal  Transverse - Offset from bridge or cross street feet

MILEPOST BOUNDARY (if known) Beginning Milepost Number If longitudinal, include ending Milepost Number Direction of travel (N/S/E/W) GPS Coordinates (if known)

IF APPLICABLE, CHECK ONE  Master agreement/permit  Co-locate agreement  Utility agreement

TYPE AND SIZE OF FACILITY (check one and enter size if known)

Water Mains \_\_\_\_\_  Telephone \_\_\_\_\_  Fiber \_\_\_\_\_  Building Structure \_\_\_\_\_  
 Gas Mains \_\_\_\_\_  Cable Television \_\_\_\_\_  Parking \_\_\_\_\_  Communications Tower \_\_\_\_\_  
 Sewers \_\_\_\_\_  Electric \_\_\_\_\_ Voltage \_\_\_\_\_  Drainage \_\_\_\_\_  Communications Tower/Co-Locate \_\_\_\_\_  
 Other (please describe)

PURPOSE OF PERMIT (Please provide brief description and location)

## Section 3 SEQRA

Has a SEQRA determination been made?  
 Yes  No  Don't know  
If yes, please provide supporting information (by whom, when, etc.)

\_\_\_\_\_

## Section 4 INSURANCE - Complete if known

Type of insurance furnished:  
 ACORD 25 Certificate of Liability Insurance & Supplemental Insurance Certificate (TA-W51343-9)  
 Undertaking Effective Date \_\_\_\_\_  
 Duplicate Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Performance Bond  
 Other \_\_\_\_\_

## OCCUPANCY PERMIT APPLICATION

**Section 5 READ THOROUGHLY BEFORE SIGNING - APPLICANT AFFIRMATION/CERTIFICATION**

Authority lands are devoted to public use. Permits, therefore, are by sufferance and the duration thereof is at the Authority's discretion, regardless of the length of term granted. All permits are, therefore, revocable unilaterally by the Authority. The permittee will maintain all installations permitted hereunder subject to the risk of relocating or removing them at the permittee's own expense, in accordance with the directions of the Authority.

Application is hereby made by the undersigned in accordance with the map and/or plan hereto attached, and subject to the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and to the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) and any CONDITION RIDER or amendments thereto forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth above, as it is understood that in granting a permit, the New York State Thruway Authority merely expresses its assent in so far as it is authorized.

This Application will become part of the permit. Applicant hereby agrees that if such permit is approved, that as a condition of the issuance of the permit and/or exercise of any rights granted thereunder, it will comply with any and all RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY and the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY and any CONDITION RIDER or amendments thereto.

The Applicant affirms and certifies that all information provided to the Authority is complete, true and accurate.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_   
 Print Name of Applicant

\_\_\_\_\_   
 Signature

\_\_\_\_\_   
 Title (if applicable)

**Section 6 SUBMIT PERMIT APPLICATIONS TO THE APPROPRIATE THRUWAY AUTHORITY PERMIT OFFICE**

<u>DIVISION</u>	<u>HIGHWAY SECTIONS</u>	<u>DIVISION MILEPOST LIMITS</u>
New York	New York (Mainline) • Garden State Parkway Connection • New England Section • I-287 Cross Westchester	0.00 - 76.50 GS 0.00 - GS 2.40 NE 0.17 - NE 15.01 CWE 0.00 - CWE 10.90
Albany	Albany (Mainline) • Berkshire Section	76.50 - 197.90 B 0.00 - B 24.28
Syracuse	Syracuse (Mainline)	197.90 - 350.60
Buffalo	Buffalo (Mainline) • Niagara Section	350.60 - 496.00 N 0.00 - N 21.50

ADDRESSES AND TELEPHONE NUMBERS

NYS Thruway Authority  
New York Division  
Division Permit Coordinator  
4 Executive Blvd.  
Suffern, NY 10901  
Phone: (845) 918-2510  
Fax: (845) 918-2596

NYS Thruway Authority  
Albany Division  
Division Permit Coordinator  
Route 9W, Interchange No. 23  
P.O. Box 861  
Albany, NY 12201-0861  
Phone: (518) 436-2710  
Fax: (518) 436-0233

NYS Thruway Authority  
Syracuse Division  
Division Permit Coordinator  
Suite 250, 2nd Fl.  
290 Elwood Davis Road  
Liverpool, NY 13088-2103  
Phone: (315) 437-2741  
Fax: (315) 461-0765

NYS Thruway Authority  
Buffalo Division  
Division Permit Coordinator  
455 Cayuga Road, Suite 800  
Cheektowaga, NY 14225  
Phone: (716) 631-9017  
Fax: (716) 626-5362

NOTE: For the Cross Westchester Expressway (I-287), Occupancy Permits are issued by the New York State Department of Transportation and Work Permits are issued by the New York State Thruway Authority. For I-84, both Occupancy and Work Permits are issued by the New York State Department of Transportation.

## OCCUPANCY PERMIT SUPPORTING DOCUMENTATION LIST

Please review the NYS THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION POLICY (TAP-401) which is available on the Authority's web page or by request prior to submitting your application

In order for the Thruway Authority to formally consider your application, the forms listed below must be completed and submitted as part of the application.

**FORMS THAT MUST BE COMPLETED AND SUBMITTED:** (available from Permit Coordinator or from the NYS Thruway Authority's website at [www.nysthruway.gov](http://www.nysthruway.gov))

- TA-W41337      Occupancy Permit Application - Pages 1 - 3  
(Original Form ONLY will be accepted; Read and complete the applicant sections listed on the permit)
  
- TA-W51343-9    Supplemental Insurance Certificate  
(Original Form ONLY will be accepted)
  
- ACORD 25        Certificate of Liability Insurance  
(Available from your insurance agent; Original Form ONLY will be accepted)

### SUPPORTING DOCUMENTS:

Additional documents, as listed below, may be required. The Permit Coordinator for the Division in which you are applying for occupancy should be contacted to determine what additional supporting documents will be required.

- Site/Operation Plan (3 copies)
  - Must be stamped by a NY Licensed Professional Engineer or Registered Architect
    - Plan and profile drawn to scale
    - Highway ROW, C/L and stationing
    - Edge of pavement and shoulders
  
- Property Survey Stamped by a NY Licensed Land Surveyor (3 copies)
  
- Utility Pole/Conduit Authorization/Letter of Agreement (for non-owner)
  
- Drainage Analysis/Storm Water Management Report
  
- Other \_\_\_\_\_

### MAKE CHECKS PAYABLE TO: "NEW YORK STATE THRUWAY AUTHORITY"

Please be sure to include any administrative fees, plans and insurance documents as per  
the Supporting Documents listed on Page 3.  
These items must accompany this Application for processing.

Administrative Fee \_\_\_\_\_ \$ \_\_\_\_\_

Annual/Revenue Fee \_\_\_\_\_ \$ \_\_\_\_\_

Rental Fee \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

*Submit forms, fees and information to appropriate Division Permit Coordinator address listed in Section 6.*