



New York State Thruway Authority

WORK PERMIT APPLICATION

For Official Use Only

Work Permit Number _____

Occupancy 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
 Business/Corporation
 Municipality
 Public Agency
 Utility
 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 _____ Duration of Work From _____ Through _____

PURPOSE OF PERMIT (Please provide brief description and location)

- Check one:
- Annual Permit
- Single Project/Use

Section 2 WORK IDENTIFICATION INFORMATION

TYPE OF WORK (Check one)

- Water Mains Cable Television Storage Concessions Road Improvement
 Gas Mains Electric _____ Voltage Building Structure Survey/Design Construction Management
 Sewers Fiber Optic Communications Tower Media/Films Landscaping
 Telephone Parking Communications Tower/Co-Locate Cleanup Drainage
 Pre-Award/Uncompleted
- Other (Please describe) _____

MILEPOST BOUNDARY (If known) Beginning Milepost Number _____ GPS Coordinates (If known) _____

If longitudinal, include ending Milepost Number _____ Direction of travel (N/S/E/W) _____

LOCATION OF WORK (Check all that apply)

Underground Aerial

Surface Bridge Attachment

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

Thruway Blanket Policy _____ (# of days)

Other _____

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Section 5 READ THOROUGHLY BEFORE SIGNING - APPLICANT AFFIRMATION

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.

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.

Dated this ____ day of _____ 20 ____ .

 Print Name of Applicant

 Signature

 Title (if applicable)

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

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) <ul style="list-style-type: none"> • Garden State Parkway Connection • New England Section • I-287 Cross Westchester 	0.00 - 76.50 G.S. 0.00 - G.S. 2.40 N.E. 0.17 - N.E. 15.01 C.W.E 0.00 - C.W.E. 10.90
Albany	Albany (Mainline) <ul style="list-style-type: none"> • Berkshire Section 	76.50 - 197.90 B. 0.00 - B. 24.28
Syracuse	Syracuse (Mainline)	197.90 - 350.60
Buffalo	Buffalo (Mainline) <ul style="list-style-type: none"> • 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
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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.

WORK 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.

Note: In order for the Thruway Authority to formally consider your application, the forms, other documents and fees listed below may need to be completed and submitted in one package. Please contact the Permit Coordinator for the Division in which you are applying for a permit (see Section 6) to determine the forms and supplemental information that will be required.

FORMS TO BE COMPLETED: (available from Permit Coordinator or on the Authority's web site at www.nysthruway.gov)

- TA-W41338 Work Permit Application - Pages 1 and 2
(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)
- TA-4476 NYSTA Performance Bond

SUPPORTING DOCUMENTS REQUIRED:

- Site/Operation Plan (3 copies)
 - Must be stamped by a NY Licensed Professional Engineer or Registered Architect
- Permittee Traffic Control Plan (3 copies)
 - Must be stamped by a NY Licensed Professional Engineer
- Other _____

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

Administrative Fee (Single Use \$250) _____	\$	
OR		
Administrative Fee (Annual \$1,000) _____	\$	
Rental Fee _____	\$	
Interim WP/Revenue Fee _____	\$	
For NYSTA Insurance Policy (Minor Work Permits) _____	\$	
Security Deposit _____	\$	
Other _____	\$	
Total Fees	\$	

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