



For Office Use Only

## SULLIVAN COUNTY WORK PERMIT APPLICATION

DATE:	PROPERTY OWNER / DEVELOPER:	CONTRACTOR PERFORMING WORK:		
Name:				
Contact:				
Mailing Address: City, State & Zip:				
Phone:	(     )	(     )		
Email:				
PROJECT LOCATION:		PERMIT TYPE (CHECK ONE):	✓	**FEE
Town of:		Digging/Drainage/Underground Utility		\$100
County Road #:		Overhead/Aboveground Utility		\$50
Section/Block/Lot:		Misc. / Other: _____		\$50
911 Address:		<b>WORK DESCRIPTION:</b>		
Nearest Mailbox or Utility Pole #:				

**\*\*The fee must be received before application can be processed.  
 Checks should be made payable to the "Sullivan County Treasurer".**

Please enclose a copy of a **SURVEY MAP, SITE PLAN, or SKETCH** showing location of proposed work. Applicant shall submit construction plans to DPW for review and approval.

**Please prominently mark the proposed work area and, if possible, the property corners at the site.**

Entity doing said work must provide a certificate of insurance naming the County of Sullivan as additionally insured (with limits as specified by DPW) and proof of Workers' Compensation.

A Refundable Security Deposit (amount depending on the type of permit), will be required at the time of execution of the permit and held by the County of Sullivan until satisfactory completion of work according to the specifications of said permit. ***Please DO NOT send Deposit with Application.***

*The above permit fees include one inspection after DPW's receipt of notification of work completion. In the event the work is not completed to DPW's satisfaction, DPW may make repairs at the permit holder's expense. Deposits that remain unclaimed for more than two years or for work that is not satisfactorily completed shall be forfeited to the County.*

***We recommend that full payment to the contractor not be made until  
 final inspection by SCDPW and the Deposit is returned.***

**Work shall not begin until the executed permit is received.**

**PLEASE ALLOW 10 WORKING DAYS FOR PROCESSING.**

**THIS IS NOT A PERMIT**

**SPECIAL CONDITIONS**  
**PERMIT D – EXAMPLE**

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1. Permit must be on site at all times. The permit shall be stored in a conspicuous spot. At the request of a County Employee, the permit must be presented. Failure to have the permit available shall cause for shut-down of the job until permit is made available.
2. A certificate of insurance with general liability limits of at least \$1,000,000.00, naming Sullivan County as co-insured, shall be provided prior to any work.
3. Work by this permit is not allowed on weekends or holidays (without prior approval of Sullivan County DPW).
4. Traffic control shall be maintained at all times during the job duration in conformance with the “Federal Manual of Uniform Traffic Control Devices” (MUTCD).
5. It shall be the responsibility of the Permittee to contact the Underground Call Center (**Dig Safely New York – DSNY**) regarding subsurface utilities and to coordinate work with all utilities and emergency service organizations prior to beginning any work.
6. Steel track equipment shall not be used on the County Road pavement unless protective measures are implemented.
7. Permittee shall make all necessary repairs including replacement of pavement with hot mix asphaltic concrete.
8. Pavement cuts shall be made by sawing.
9. The edges of all permanent pavement patches shall be sealed with asphalt sealant.
10. Applicant shall repair damage to any utility to the satisfaction of the utility owner.
11. All materials excavated from within the bounds of a county road from curb to curb or ditch to ditch shall be disposed of off the work site.
12. All trenches excavated within the bounds of a County road from curb to curb or ditch to ditch shall be backfilled per SCDPW standard details (attached), placed in uniform 6" lifts and each lift shall be **THOROUGHLY** compacted.
13. All trenches shall be completely backfilled prior to the end of the work day.
14. The crowns of all sewer and water lines shall be a minimum of five feet below the grade.
15. All work areas shall be restored to at least equal to those prior to construction.
16. Equipment shall not be parked overnight within 30 feet from the edge of the travel lane pavement.
17. Erosion and sediment control must be implemented at all times and construction access must have stabilization materials to prevent debris on the highway.
18. Any mud tracked onto the County Road shall be removed immediately and the shoulder modified immediately by adding crushed stone to fill any ruts on shoulder.
19. Refundable Security Deposit, payable to the Sullivan County Treasurer, to be returned upon satisfactory completion of work.

SLOPE MAY VARY  
1" PER 1' TYP.

SAW CUT (TYP.)  
ASPHALT SEAL ON  
ALL CUT SURFACES

BACKFILL WITH N.Y.S.D.O.T.  
ITEM 304.13 SUBBASE COURSE,  
TYPE 3 (4" Max.) OR A.O.B.E.  
(COMPACTED 6" LIFTS)

DEPTH OF EXCAVATION  
VARIES. SEE PERMIT  
FOR ACTUAL DEPTH

WIDTH VARIES  
SEE PERMIT  
FOR ACTUAL WIDTH

1 1/2" N.Y.S.D.O.T. ITEM 402.098303  
ASPH. CONC. 9.5MM TOP COURSE

3 1/2" MIN. N.Y.S.D.O.T. ITEM 402.378903  
ASPH. CONC. 37.5MM BASE COURSE

TRAVEL LANE

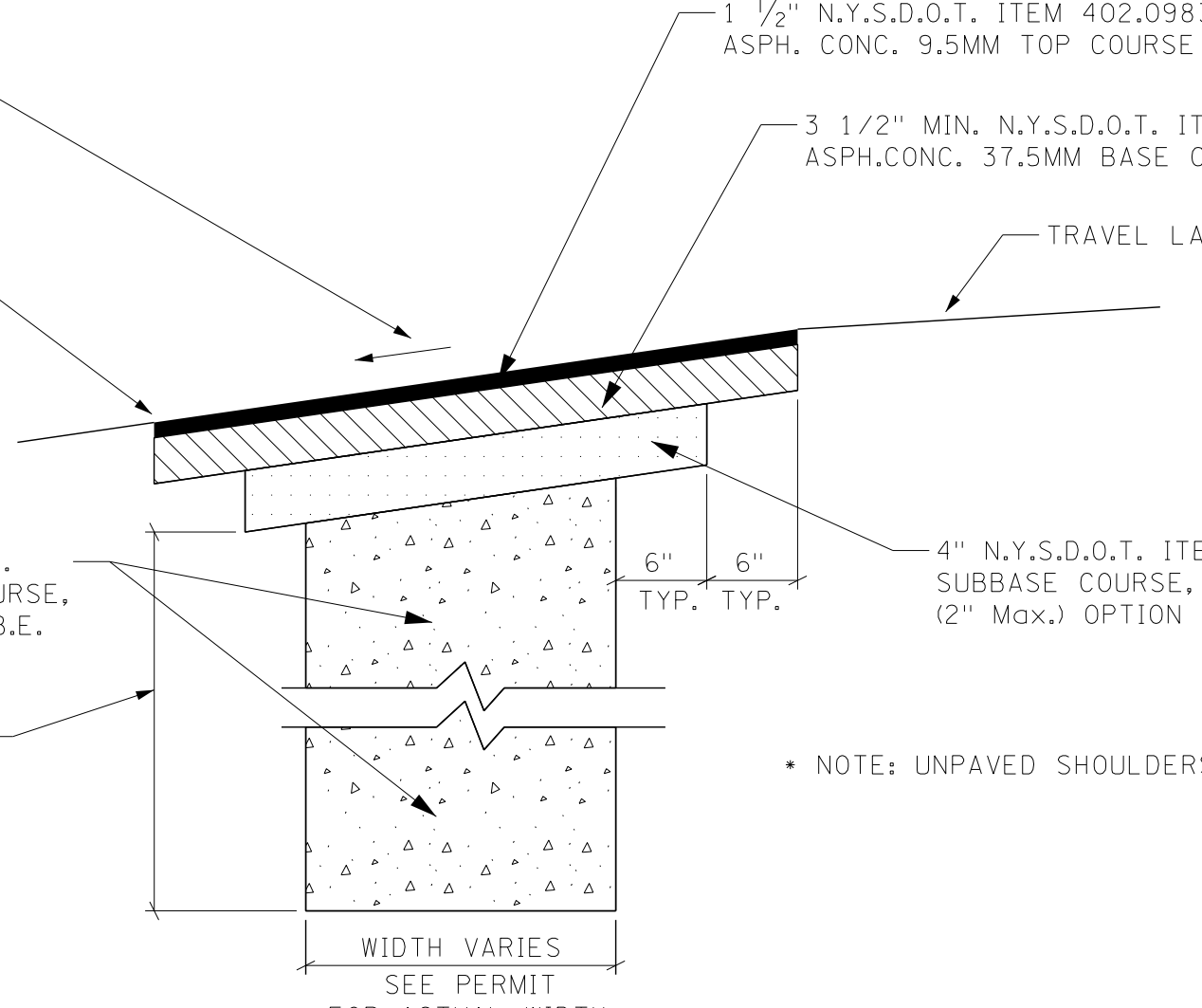
4" N.Y.S.D.O.T. ITEM 304.14 \*  
SUBBASE COURSE, TYPE 4  
(2" Max.) OPTION D

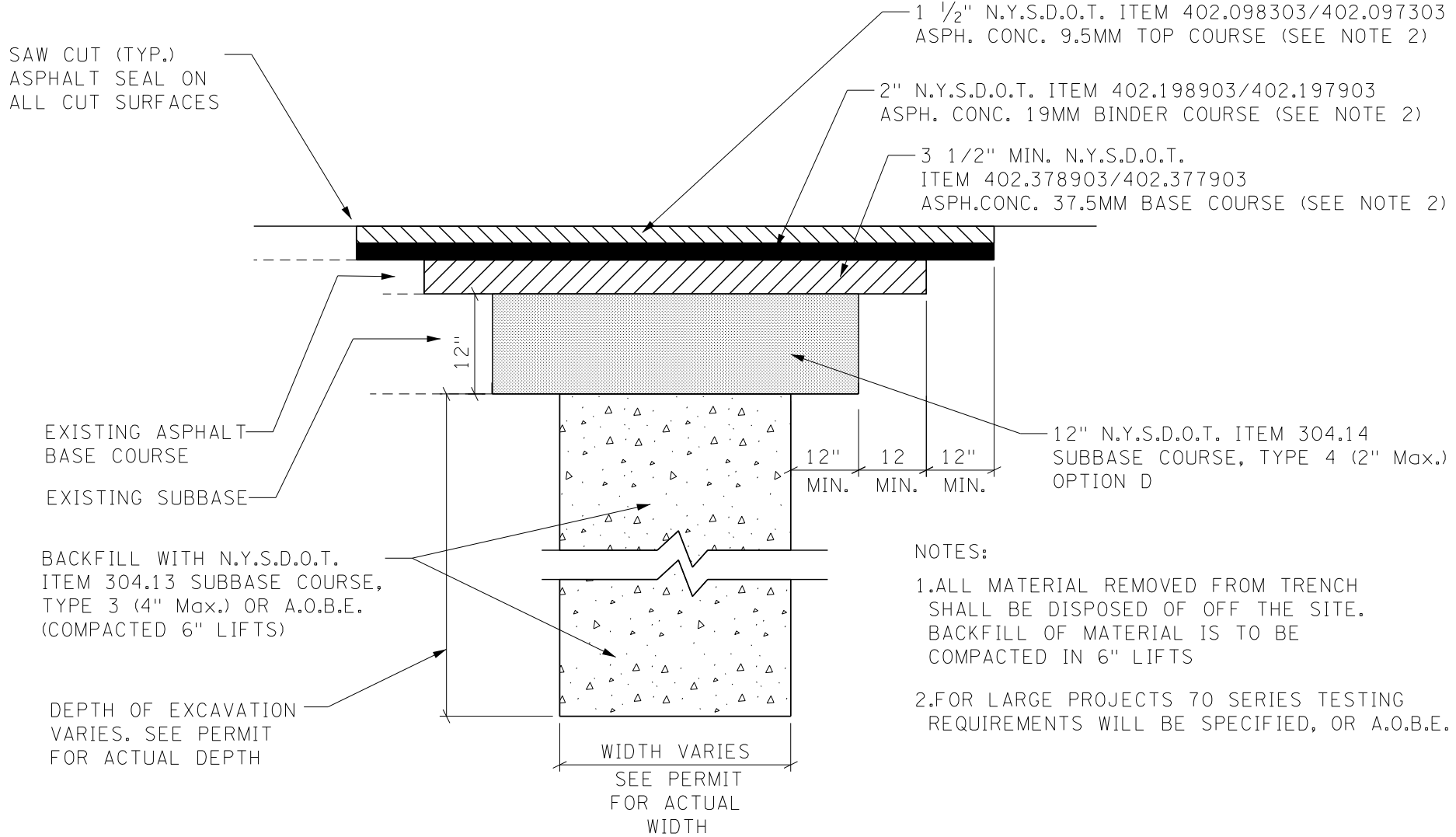
\* NOTE: UNPAVED SHOULDERS REQUIRE 8"

# ASPHALT SHOULDER REPLACEMENT SECTION

SULLIVAN COUNTY DIVISION OF PUBLIC WORKS STANDARD DETAIL

NOT TO SCALE





# TRAVEL LANE PAVEMENT REPLACEMENT SECTION

SULLIVAN COUNTY DIVISION OF PUBLIC WORKS STANDARD DETAIL

NOT TO SCALE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  <div style="border: 1px solid red; padding: 5px; color: red; font-weight: bold;">INSURANCE COMPANY ADDRESS/CONTACT INFO</div>	CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS:	FAX (A/C. No):
	INSURER(S) AFFORDING COVERAGE	
<b>INSURED</b>  <div style="border: 1px solid red; padding: 5px; color: red; font-weight: bold;">PERMIT HOLDER/ PERMITEE ORGANIZATION</div>	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

\$1,000,000 MIN.

\$2,000,000 MIN.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE SHALL SHOW EXACT DESCRIPTION OF ACTIVITIES AUTHORIZED UNDER THE REQUESTED PERMIT; AND SHOULD SHOW A NOTE REGARDING ADDITIONALLY INSURED ON A NON-CONTRIBUTORY BASIS.

CERTIFICATE SHALL CONTAIN A 30 DAY CANCELLATION CLAUSE

**CERTIFICATE HOLDER****CANCELLATION**

<div style="border: 1px solid red; padding: 5px; color: red; font-weight: bold;">           COUNTY OF SULLIVAN            100 NORTH ST.            MONTICELLO, NY 12701         </div>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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