

CITY OF KINGSTON DEPARTMENT OF PUBLIC WORKS

WORK PERMIT

STREET/SEWER EXCAVATIONS/CURB CUT



PERMIT #

Date: _____

LOCATION OF WORK:

STREET: _____

CROSS STREET: _____

START DATE: _____

END DATE: _____

Property Owner: _____

Owner Address: _____

City/State/Zip _____

Phone/Cell _____

Email: _____

CONTRACTOR

NAME: _____ 24 HOUR PHONE: _____

ADDRESS: _____ EMAIL ADDRESS: _____

EXCAVATOR (IF DIFFERENT THAN CONTRACTOR) _____

DIG SAFELY NY TICKET # _____

CONTRACTOR /OWNER SIGNATURE: _____

By signing above I acknowledge that I have read, understand and agree to abide by those policies listed in the regulations, procedures and instructions. The Superintendent or his designee has the right to revoke any permit and or bonding from permit holder if all policies and regulations are not followed.

DESCRIPTION OF WORK

(CHECK ALL APPLICABLE)

EXCAVATION/CURB CUT

Sewer Repair/Replace _____ Sewer Tap _____

Water Repair/Replace _____ Gas Repair _____ Replace _____ New _____

Placement of Excavation/Cut: road _____ sidewalk _____

Curb Cut _____

Size of Cut: Width _____ Length _____ Depth _____

Description/Other _____

- *Street Excavation \$300.00 *Non-Compliance \$250.00 *Street & Sidewalk Excavation \$ 350.00
- *Sewer Tap \$350.00 *Emergency Fee \$100.00

FOR OFFICE USE ONLY :		Date Issued _____	Type of Permit Issued _____
Paid \$ _____	Check # _____	Cash _____	Receipt # _____ Approval _____

SIDEWALK/DUMPSTER/PUBLIC SPACE/PARKING /ROAD CLOSURE

Permit #

DATE:

LOCATION OF WORK/ROAD CLOSURE:

STREET: _____ CROSS STREET: _____

START DATE: _____ END DATE: _____

DESCRIPTION: _____

OWNER INFORMATION

PROPERTY OWNER: _____

OWNER ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE/CELL: _____

EMAIL ADDRESS: _____

CONTRACTOR OR DUMPSTER COMPANY INFORMATION

NAME: _____

EXCAVATOR (IF DIFFERERNT THAN CONTRACTOR)

ADDRESS/STATE/ZIP: _____

24 HR PHONE: _____

DIG SAFE NY TICKET # _____

By signing below I acknowledge I have read, understand and agree to abide by those policies listed in the regulations, procedures and instructions. The Superintendent or his designee has the right to revoke any permit and or bonding from permit holder if all policies and regulations are not followed.

CONTRACTOR /OWNER SIGNATURE: _____

SIDEWALK/PUBLIC SPACE

Blocking _____ Repair _____ Replace _____ New _____ Width _____ Length _____ Depth _____

Current Material _____ Replacement Material _____

Parking Meters Blocked? ___ How Many? _____ Parking Meter #(s) _____

DUMPSTER ON STREET OR OTHER PUBIC SPACE

Size of Dumpster _____ Placement of Dumpster Street _____ Sidewalk _____ Other _____

Parking Meters Blocked? Y/N _____ How Many? _____ Parking Meter #(s) _____

Dumpster cannot block intersections or cause site distance impediment to intersection and traffic. Must be placed a minimum of 20 feet from any corner. If placed on sidewalk, protection of surface material must be maintained at all times. Restricted parking such as handicap spaces cannot be blocked. Applicant is responsible for detour signage for vehicular and/or pedestrian traffic due to placement of dumpster. These rules also apply to blocking public space by any means.

PARKING PERMITS

How many parking spaces will be used? _____ Parking Meter # _____ Vehicle Description _____

*Sidewalk Repair/Replace/Excavation \$ 50.00

*Block Public Space

\$ 50.00

*Emergency Fee

\$100.00

*Non-Compliance

\$250.00

*Block Parking Meter \$25 per meter per day

FOR OFFICE USE ONLY :

Date Issued _____ Type of Permit Issued _____

Paid \$ _____ Check # _____ Cash _____ Receipt # _____ Approval _____