

APPLICATION DATE: \_\_\_\_\_

**TOWN OF MAMARONECK  
HIGHWAY DEPARTMENT  
740 WEST BOSTON POST ROAD  
MAMARONECK, NY 10543  
(914) 381-7825  
[www.townofmamaroneckny.org](http://www.townofmamaroneckny.org)**

**APPLICATION FOR PERMIT TO OPEN AND/OR USE TOWN STREETS OR RIGHT-OF-WAY**

*Application is hereby made for permission: under Sections 149 & 150 of the New York State Highway Law and Chapter VI, of the General Ordinances, of the Town of Mamaroneck, Westchester County, N. Y.; to enter upon, construct, or open a street or right-of-way constructed and improved by the Town of Mamaroneck, as follows:*

Address of Work: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_ Bond Deposit: \$ \_\_\_\_\_ Work start date: \_\_\_\_\_ Code # 753 \_\_\_\_\_

Maximum size of opening: \_\_\_\_\_ Number of openings: \_\_\_\_\_ Depth of work: \_\_\_\_\_

Type of Material Disturbed: \_\_\_\_\_ Area where work is to be performed: \_\_\_\_\_

Purpose of Application: \_\_\_\_\_

Name	Address	Phone #
<b>Applicant:</b> _____		
<b>E-mail Address:</b> _____		
<b>Owner:</b> _____		
<b>E-mail Address:</b> _____		
<b>Contractor:</b> _____		
<b>E-mail Address:</b> _____		

Emergency Contact Person: \_\_\_\_\_ 24 Hour Telephone Contact #: \_\_\_\_\_

Bond Deposit Made by: \_\_\_\_\_ Check # / Bond Policy #: \_\_\_\_\_

General Liability Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Disability Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Worker's Comp. Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

***If permit is granted I hereby agree to conform to all the conditions forming a part of the permit, and to restore the road and right-of-way to its original condition. The Town office shall be notified at least 48 hours prior to work.***

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_