

Permit #: _____
Road: _____
Date: _____

TOWN/VILLAGE OF HARRISON
DEPARTMENT OF PUBLIC WORKS

APPLICATION FOR PERMIT TO DO WORK ON AND WITHIN A TOWN ROAD AREA, RIGHT OF WAY OR
SIDEWALK
(to be executed in duplicate)

Application is hereby made for permission, under the General Ordinance as amended, to enter upon, construct, or open a roadway, right-of-way or sidewalk, constructed or improved within the Town of Harrison as follows:

1. Applicant: _____
2. Address: _____
3. Phone Number: _____
4. Fax Number: _____
5. E-Mail Address: _____
6. Name of Road: _____
7. Location of Road: _____
8. Maximum Size of Opening: _____ Depth: _____
9. Date Work to be Started: _____ Date Work to be Completed: _____
10. Is pavement to be disturbed? _____ If so, what type: _____
11. Purpose of the Application: _____

12. Attach two (2) copies of a sketch showing location of work, size of openings and giving distance to nearest street intersection
13. Name of Owner for whom work is to be performed: _____
14. Address of Owner for whom work is to be performed: _____

State of New York _____ ss:
County of _____

_____ being duly sworn deposes and says:
an officer, namely viz:

That he is one of the partners of the Permittee herein named: that compensation has been secured pursuant to the Workmen's Compensation Law of the State of New York, and the provisions of said law will be complied with during the life of this permit, and that no subcontractor will be permitted to do any work under this permit until he has fully and completely complied with all the terms and provisions of the aforesaid law.

If the permit is granted, I hereby agree to comply with all the terms, covenants and conditions hereinafter set forth which are attached to and form part of the permit and to restore the road to its original condition, in accordance herewith.

_____ day of _____ 20____
Applicant's Signature and Title

APPROVED ~ TOWN OF HARRISON ~ DEPARTMENT OF PUBLIC WORKS ~ SUBJECT TO THE FOLLOWING CONDITIONS

Dated: _____ 20____ By: _____
Commissioner of Public Works

Permit #: _____
Road: _____
Date: _____

Department of Public Works

Road Opening Program Fee and Deposit

A - Application Fee (ALL APPLICANTS) \$150.00

B - Road Disturbance Fee Calculation (Non-Refundable)

Calculate the Road Disturbance Fee:

1. Number of Test Pits _____ x \$150.00 = _____

2. Number of Lineal Feet of Opening _____ x 2.50 _____
(Lineal feet > 75 lineal feet)

C - Take the Larger of "1" or "2" _____

D - Calculate Total Application Fee plus Road Disturbance Surcharge (A + C)
= _____

The figure in "D" represents the amount of the Check to be submitted with your Road Opening Permit Application

E - Deposit Amount (Refundable) _____
(\$100.00 per lineal foot)

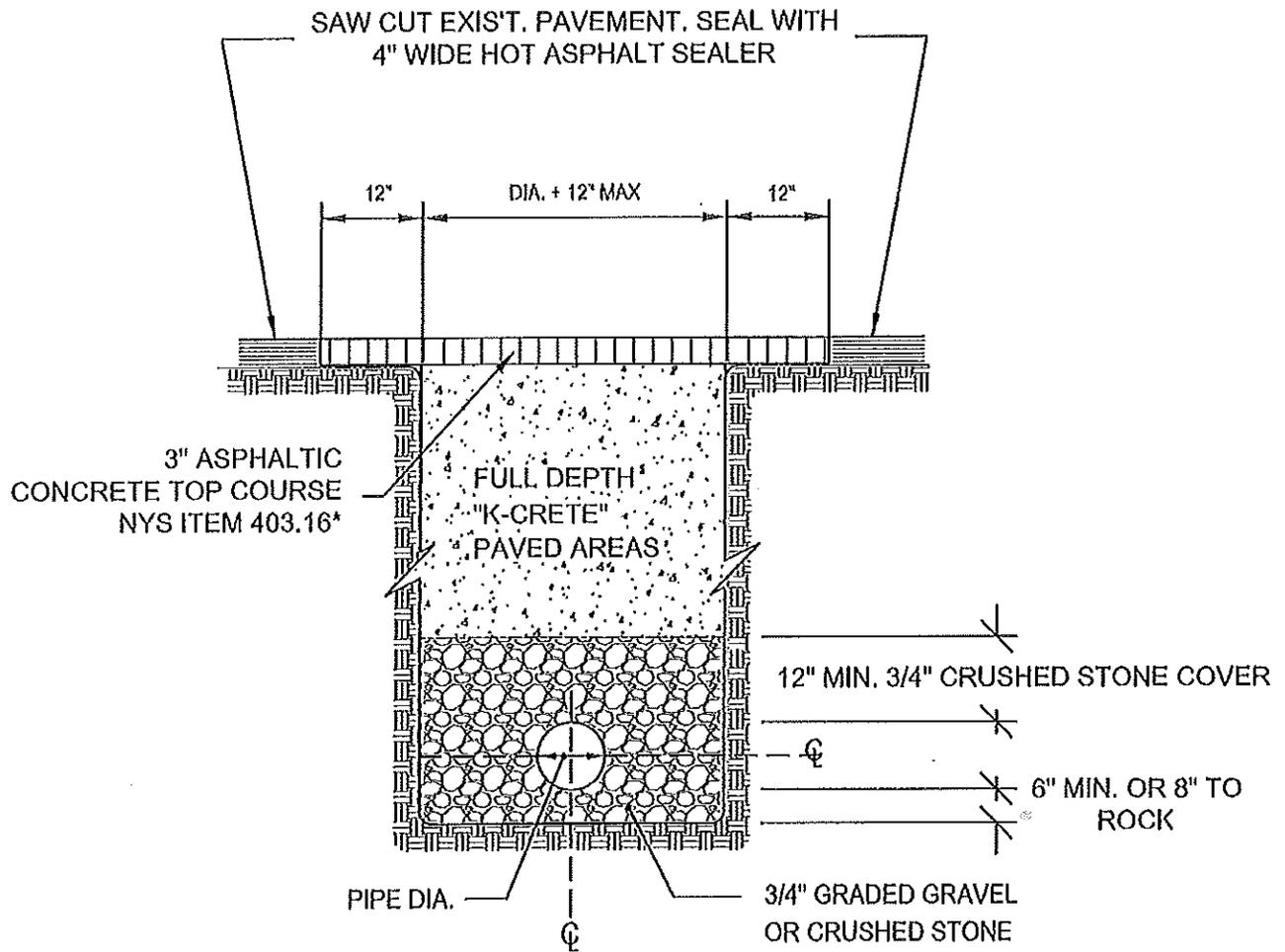
(Construction estimate based on DPW Pre-construction inspection)

Make Checks payable to: The Town/Village of Harrison
1 Heineman Place
Harrison, New York 10528

PLEASE NOTE: No Applications will be processed without payment of Applicable Fees

STREET OPENING PERMIT REQUIREMENTS (K-CRETE)

1. ALL CONSTRUCTION SHALL BE AS PER THE ATTACHED DETAIL.
2. ALL SAW CUTS TO BE IN STRAIGHT LINES AND SQUARE CORNERS.
3. ALL BEDDING UNDER AND AROUND PIPE TO BE TAMPED.
4. K-CRETE MUST BE ALLOWED A MINIMUM OF 48 HOURS TO SET BEFORE PLACING MACADAM PAVEMENT. ADDITIONAL DRYING TIME WILL BE DEPENDENT ON DEPTH OF TRENCH. TRENCH FOR K-CRETE SHALL EXCEED EDGE OF ROAD OR CURB BY ONE FOOT.
5. ALL EXCAVATIONS MUST BE PLATED UNTIL TOP COURSE IS PLACED.
6. ALL PAVEMENT THICKNESS REQUIRED ARE COMPACTED.
7. ALL PAVEMENT MUST BE COMPACTED WITH A MINIMUM 5 TON ROLLER.
8. ALL EXCAVATION WORK SHALL CONFORM TO OSHA REQUIREMENTS.
9. TWENTY FOUR (24) HOUR NOTICE SHALL BE GIVEN TO THE DEPARTMENT OF PUBLIC WORKS PRIOR TO OPENING ROAD. TWENTY FOUR HOUR (24) NOTICE SHALL ALSO BE GIVEN PRIOR TO POURING K-CRETE OR FINAL PAVEMENT.
10. NO FINAL PAVEMENT SHALL BE INSTALLED ON FROZEN SURFACE.



* TEMPORARY TOP COURSE MAY BE AUTHORIZED DUE TO WEATHER CONDITIONS.



**TOWN / VILLAGE OF
HARRISON**
ENGINEERING DEPARTMENT

ALFRED F. SULLA JR. MUNICIPAL BUILDING
1 HEINEMAN PLACE
HARRISON, NEW YORK 10523

TEL: (914) 670-3072

FAX: (914) 835-8064

**ROADWAY TRENCH
BACKFILL DETAIL**

ITEM No. -

1

1

ROAD OPENING DETAIL

TOWN OF HARRISON
VILLAGE OF HARRISON

CERTIFICATE OF INSURANCE REQUIREMENTS

The Town of Harrison and Village of Harrison require the following information on all insurance certificates issued for Curb Cut and Street Opening permits in the Town of Harrison and the Village of Harrison.

- The Town of Harrison and Village of Harrison must be named as additional insured
- The Town of Harrison and Village of Harrison must be named as certificate holder
- The Town of Harrison and Village of Harrison require insurance coverage of General Liability - \$1,000,000.00 - \$2,000,000.00 coverage per occurrence
- Worker's Compensation and New York State Disability Benefits Law (DBL)– as required by the State of New York.
- Insurance companies must be licensed to do business in the State of New York and such language must be included on the certificate
- Description of Operation/Date(s)/Location information must be provided under the Description section of the certificate
- Cancellation of Insurance: 10 day expiration notice unless otherwise authorized by the Town Attorney's Office
- Insurance coverage must be provided for at least one (1) year unless otherwise authorized by the Town Attorney's Office
- Certificates must include policy numbers
- Original Certificates of Insurance must be submitted to:

Town Attorney's Office
Town of Harrison
Village of Harrison
1 Heineman Place
Harrison, New York 10528

INSURANCE CERTIFICATES WILL NOT BE ACCEPTED BY THE TOWN AND VILLAGE OF HARRISON UNLESS ALL OF THE ABOVE REQUIREMENTS HAVE BEEN MET.

ACORDTM CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 01/30/2009
PRODUCER NAME OF INSURANCE BROKER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED NAME OF CONTRACTOR	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: REQUIRED	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DISC. ADD'L TR. LIBRS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. SECT <input type="checkbox"/> LOG	REQUIRED	REQUIRED	REQUIRED	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCUR) \$ 300,000 MED EXP (ANY AND PARTIAL) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	REQUIRED	REQUIRED	REQUIRED	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (PAID PER ACC) \$ BODILY INJURY (PAID PER ACCIDENT) \$ PROPERTY DAMAGE (PAID PER ACCIDENT) \$
	CABAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA AGG \$ AGG \$
A	UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If Yes, describe under SPECIAL PROVISIONS below	MUST BE ON: CI05.2, U26.3, CE-200, SI-12			<input type="checkbox"/> LTD STATUTORY LIMIT <input type="checkbox"/> OTHER EL. EACH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$
	DISABILITY	MUST BE ON: CR-200, DB-120.1, DB-155			

DESCRIPTION OF OPERATION / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

THE CERTIFICATE HOLDER IS LISTED AS:
 ADDITIONALLY INSURED

INSURERS ARE ALL LICENSED TO DO BUSINESS IN THE STATE OF NEW YORK

CERTIFICATE HOLDER TOWN/VILLAGE OF HARRISON 1 HEINEMAN PL HARRISON, NY 10528	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL, <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the Issuing Insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



TOWN OF HARRISON
VILLAGE OF HARRISON



ALFRED F SULLA, JR MUNICIPAL BUILDING
1 HEINEMAN PLACE
HARRISON, NEW YORK. 10528

Telephone: (914) 670-3101
Fax: (914) 835-2387

ROBERT G. WASP, P.E.

Commissioner of Public Works

ALL CONTRACTORS MUST PROVIDE THE TOWN OF HARRISON AND VILLAGE OF HARRISON
WITH THE FOLLOWING HOLD HARMLESS CLAUSE:

The following Indemnification Agreement shall be, and is hereby, a provision of the contract:

"The Contractor agrees to protect, defend, indemnify and hold the Town of Harrison and the Village of Harrison, their officers, agents and employees free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character, and in any jurisdiction, in connection with or arising directly or indirectly out of this agreement and/or the performance hereof. Without limiting the generality of the foregoing, and all such claims, etc., relating to personal injury, death, damage to property, defects in material workmanship, actual or alleged infringement on any patent, trademark, copyright (or application for any thereof) or of any tangible or intangible personal property or property right or any alleged violation of any applicable statute, ordinance, administrative order, rule or regulation or decree of any court shall be included in the indemnity hereunder. The Contractor further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc., at his sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false, or fraudulent. In any case in which indemnification would violate Section 5-322.1 of the New York General Obligations Law, or any other applicable legal prohibition, the foregoing provisions concerning indemnification shall not be construed to indemnify the owner for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the owner or its employees."

The Contractor shall include the premium costs of these policies in the bid price of the work.

Signature: _____ Witness Signature: _____

Print Name: _____ Print Name: _____

Contractor: _____ Contractor: _____

Date: _____ Date: _____

THIS "HOLD HARMLESS CLAUSE" MUST BE SIGNED BY AN OFFICER OF YOUR ORGANIZATION, DATED AND WITNESSED.

ANY DEVIATIONS FROM THIS HOLD HARMLESS CLAUSE ARE NULL AND VOID, UNLESS APPROVED BY THE TOWN OF HARRISON LAW DEPARTMENT.