



APPLICATION & PERMIT FOR STREET OPENING

CODE COMPLIANCE DEPARTMENT
CITY OF NEWBURGH
123 GRAND STREET
NEWBURGH, NEW YORK 12550

NO. _____

COMPLIANCE WITH LOCAL ORDINANCES IS A CONDITION OF PERMIT

NAME OF APPLICANT		DATE OF APPLICATION/PERMIT
APPLICANT'S ADDRESS		APPLICANT'S TELEPHONE NUMBER
NAME AND TELEPHONE NUMBER OF 2 PEOPLE WHO CAN BE CONTACTED REGARDING THIS STREET OPENING ON A 24 HOUR DAY, 7 DAY WEEK (INCLUDING HOLIDAYS).		
FIRST PERSON NAME & PHONE NUMBER	SECOND PERSON NAME & PHONE NUMBER	

NOTE: APPLICANT MUST OBTAIN A STREET OPENING BOND AND HAVE IT APPROVED BY THE CORPORATION COUNSEL AND CITY MANAGER. PERMIT MUST BE ISSUED TO SAME APPLICANT NAME AS ON BOND.

LOCATION OF STREET OPENING

PURPOSE OF STREET OPENING

DIAGRAM SHOWING EXACT LOCATION AND APPROXIMATE DIMENSIONS OF OPENING: (NOTE: EXCAVATION DEEPER THAN 5' MUST BE PROPERLY SHORED)

PERMIT FEE: _____

FOR WATER AND SEWER WORK

NAME OF PLUMBER

APPROVAL FOR DROPPED CURBS FOR DRIVEWAYS

POLICE TRAFFIC DEPARTMENT APPROVAL	CODE COMPLIANCE OFFICE APPROVAL
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I HEREBY AGREE TO BE RESPONSIBLE FOR ANY EXPENSE INCURRED BY THE CITY OF NEWBURGH IN CONNECTION WITH WORK DONE UNDER THIS STREET OPENING PERMIT.

AMOUNT OF BOND \$	NAME OF APPLICANT	BY
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PERMIT APPROVED

CODE COMPLIANCE SUPERVISOR	PLUMBING INSPECTOR
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THE FIRE DEPARTMENT (PHONE 562-1212) AND THE CODE COMPLIANCE DEPARTMENT (PHONE 569-7400) MUST BE NOTIFIED AS WORK STARTS ON THE ACTUAL OPENING OF THE STREET.

NO DITCH SHALL BE OPENED ON SATURDAY, SUNDAY OR HOLIDAYS EXCEPT IN EXTREME EMERGENCY



**APPLICATION & PERMIT FOR STREET OPENING
OWNER'S PROXY STATEMENT**

123 Grand Street, Newburgh, New York 12550

Phone: (845) 569-7400

Fax: (845) 569-0096

www.cityofnewburgh-ny.gov

COMPLETE THIS FORM ONLY IF APPLICANT IS OTHER THAN OWNER.
THE FOLLOWING STATEMENT MUST BE SIGNED AND NOTARIZED

A. Property Information:

Street Address:					
City:	Newburgh	State:	NY	Zip:	12550
Tax Map Designation:	Section:	Block:	Lot:		

B. Property Owner:

Name:					
Address:					
City:		State:		Zip:	
Phone:					

C. Applicant: (Party making application on owner's behalf)

Name:					
Address:					
City:		State:		Zip:	
Phone:					

D. Owner Proxy Statement:

I, swear that I am the owner of the subject property, and, , the – Agent /Corporate Officer /Contractor / Other _____ of said owner or owners is duly authorized to perform said work and to make and file this application; that all statements contained in the application are true to the best of his/her knowledge and belief; that work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Owner Signature: _____ Date: _____

Subscribed and sworn to before me this ___ day of, ___ 20___

Signature of Notary Public _____

Printed Name of Notary _____

Date Commission Expires: _____