

TOWN OF PLATTSBURGH, NEW YORK
HIGHWAY DEPARTMENT

HIGHWAY WORK PERMIT

HIGHWAY WORK PERMIT FEE - \$ _____

PERMIT NO. _____

DATE PAID _____

DATE ISSUED _____

Application is hereby made by the undersigned whose principal place of business is:

(include address/phone number)

to the Town of Plattsburgh Highway Department for permission under the Highway Law to perform certain work within the highway limits described in detail as follows:

on or across a Town Road or within a Town right-of-way situated in the Town of Plattsburgh, Clinton County, New York, known as _____

in accordance with map and plan hereto attached and forming a part hereof. The above named applicant hereby certifies that he/she has secured compensation for the benefit of and will keep insured throughout the performance of above described work and such employees as are required to be insured by the provisions of the law and acts amendatory thereof, know as Workers' Compensation Law and New York State Disability.

This Permit is not valid unless signed by the Town Highway Superintendent and shall expire on date indicated:

TOWN OF PLATTSBURGH, NEW YORK
HIGHWAY DEPARTMENT

Dated: _____

By: _____

Highway Superintendent

Dated: _____

By: _____

Applicant

THIS PERMIT IS VALID THROUGH

AMT. OF SECURITY: \$ _____

Business Phone: _____

TYPE: _____

In Case of Emergency: _____
