



**TOWN OF PLATTSBURGH
HIGHWAY DEPARTMENT**
 151 BANKER ROAD
 PLATTSBURGH, NEW YORK 12901-7307
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*Jim Woods
Highway Superintendent*

*Tom King
Deputy Superintendent*

*Jim Cutter
Crew Supervisor*

*Stephenie Mitchell
Secretary*

Highway Work Permit

Permit Fee - \$ _____ Permit Number _____ Permit Valid Through _____

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

Business Name

Business Address

Business Phone Number

Business Fax Number

Primary Email Address

to the Town of Plattsburgh Highway Department for permission under the Highway Law to perform certain work within the highway limits 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 (StreetAddress) _____

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, known as Workers Compensation Law and New York State Disability.

This permit is not valid unless signed by the Town Highway Superintendent / Deputy Highway Superintendent and shall expire on date indicated

Date

Applicant Signature / Authorized Representative Signature

Date

Superintendent / Deputy Superintendent Signature

