



**TOWN OF PLATTSBURGH  
HIGHWAY DEPARTMENT**

151 BANKER ROAD  
PLATTSBURGH, NEW YORK 12901-7307  
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Email: [Wayneg@townofplattsburgh.org](mailto:Wayneg@townofplattsburgh.org)

*Andrew C. Abdallah  
Supervisor*

*Andrew D. Winterkorn  
Deputy Supervisor  
Councilman*

*Gerard A. Renadette  
Councilman*

*Thomas E. Wood  
Councilman*

*John F. St. Germain  
Councilman*

*Ann L. Stanley  
Town Clerk*

*William A. Favreau  
Town Attorney*

**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: \_\_\_\_\_**

*(Business Name)*

*(Business Address)*

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*(Phone #)*

*(Fax #)*

***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 \_\_\_\_\_***

*(street address)*

***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)*

**Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

*(superintendent)*

**Permit Valid Through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

