Village of Alden DPW 13395 Railroad Street Alden, NY 14004 (716) 937-7392

Application
for a
Public Works Permit

NOTE: This application is to be made to the Department of Public Works
Expires 6 months from approval date and fees re-applied if not closed out by the DPW

Permit Applying For:

- ☐ Water Service Line Repair/Replacement
- ☐ Sewer Service Line/Lateral Repair/Replacement
- ☐ Storm Water Service Line/Lateral Repair/Replacement
- ☐ Parking Lot
- ☐ Curb Cutting/Curb Replacement
- ☐ Driveway Installation/Replacement Hard Surface Only
- ☐ Any Digging/Excavating in the ROW

***NOTE**: If more than one item is selected, a separate application must be submitted for each.*

1. Property Address: _____
2. Parcel Tax Number: _____
3. **Application Information**

Name	
Address	
Phone	
E mail	

4. **Property Owner Information**

Name	
Address	
Phone	
E mail	

Property Owner Signature _____

5. **Proposed Work and Timeline** (attach additional sheet if necessary)

_____

_____

_____

_____

_____

6. **Plumber Information**

Name	
Address	
Phone	
E mail	
Village of Alden Plumbing License Number #	
License Expiration	

7. **Contractor Information**

Name	
Address	
Phone	
E mail	

8. Insurance Requirements

   ☐ Contractor Must Provide three (3) Proofs of Insurance and attach to application

   - Workers' Comp Certificate with The Village of Alden Listed as Certificate Holder
   - Disability Insurance Certificate with The Village of Alden Listed as Certificate Holder
   - Liability Insurance with the Village of Alden listed as additional insured and the following minimum policy limits: $1,000,000 Per Occurrence, $2,000,000 Aggregate
   - IF HOMEOWNER Is Doing the Work, The CE-200 Form Must Be Attached

9. Provide a copy of Property Survey.
10. Provide a Sketch of the work being performed.
11. ALL work MUST be inspected before and after by the Superintendent of Public Works or Designee to be closed out. If not closed out past the 6 months, Fees will be re-apply for the permit.
12. Are plans and insurances attached: ☐ **YES** ☐ **NO**

811 Must be contacted and utilities have been cleared/marked prior to any excavation.

Applicant Name (print): _____

Applicant Signature: _____

Date: _____

Note: by signing the permit you are taking full responsibility of any damage done to any Public or Private utility, sidewalk, driveway or curb.

For Office Use Only

Are plans and insurance attached? ☐ **YES** ☐ **NO**

APPROVED ☐ **YES** ☐ **NO**

CONDITIONAL APPROVAL ☐ **YES** ☐ **NO**

DENIED: _____

_____

_____

PERMIT NUMBER: _____

Expiration Date: _____

Signed: _____

Fee: _____

Date Collected: _____

Collected By: _____