



CITY OF ALBANY
Department of General Services

APPLICATION FOR RIGHT-OF-WAY ACCESS REVIEW

DGS Application No. _____

Department of General Services
One Conners Boulevard
Albany, New York 12204
Tel: (518) 427-7480
Fax: (518) 427-7499

(Rev. 12-03)

Applicant's Name: _____

Daytime Phone No.: _____

Location Address: _____

Home Phone No.: _____

Applicant is Property Owner? ☐ Yes ☐ No If No, Explain: _____

Purpose of Proposed Access: _____

Existing Property Use:
(check one)

☐ Vacant

☐ Residential – Single Family

☐ Residential – Multi-Family

☐ Commercial

☐ Other (specify) _____

Proposed Property Use:
(check one)

☐ Vacant

☐ Residential – Single Family

☐ Residential – Multi-Family

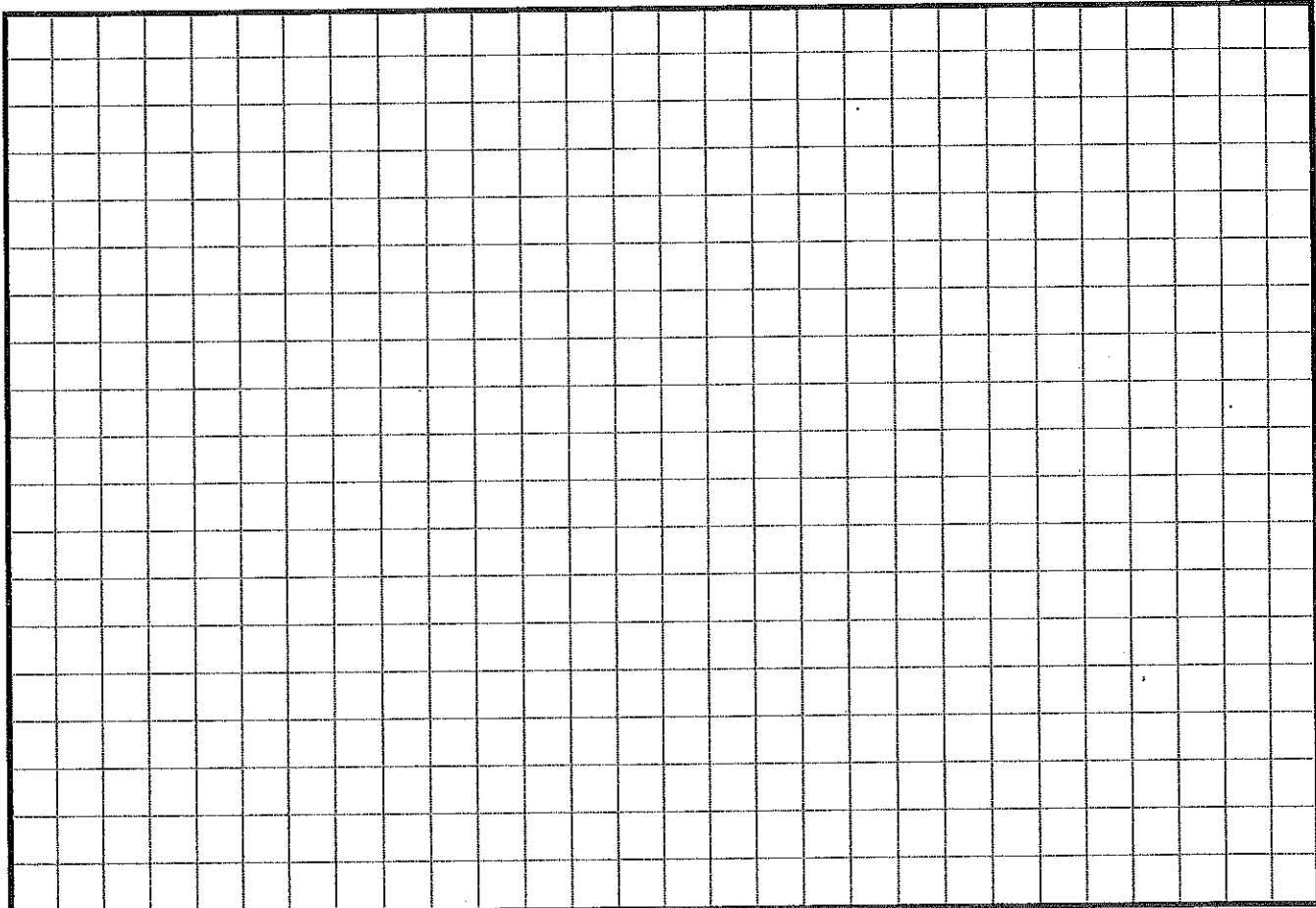
☐ Commercial

☐ Other (specify) _____

Lot Size (width x depth): _____ ft x _____ ft Access Width: _____ ft Total No. of Vehicles to Use Access for Parking: _____

Sketch of Proposed Access:

At a minimum, provide an accurate scaled sketch identifying the location and size (length and width) of the proposed access, property lines, existing and proposed building(s), existing and proposed driveway(s), location(s) where vehicles will be parked if other than a garage, adjacent properties, trees, utility poles, fire hydrants, and all other pertinent information. Attach additional information (plans, surveys, etc...) to this application if available.



APPLICATION FOR RIGHT-OF-WAY ACCESS REVIEW (CONTINUED)

(Rev. 12-03)

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Contractor (if known): _____

Contractor Phone No.: _____

Contractor Address: _____

Contractor Contact Name: _____

Proposed Construction Start Date: _____

Completion Date: _____

I, _____ am the owner of the premises _____
(Owner - Print Name) (Address of Proposed Access)

located in the City of Albany, New York and identified on this application as the location of the proposed work and I understand that I have not been granted approval to construct the proposed right-of-way access until the City of Albany has completed a comprehensive review of this application and issued a written approval letter from the City of Albany Department of General Services (DGS) for this work. I have attached the **non-refundable fifty-dollar (\$ 50.00) application reviewing fee** with this application.

If this application is approved, I or my contractor performing the approved work shall apply for a City of Albany Street Opening Permit for work in the right-of-way, pay all associated fees, and secure all necessary insurance. Note: City of Albany Street Opening Permit Applications are available at the Department of General Services.

(Owner Signature)

(Applicant Signature, if different)

(Date)