Permit #: _____ **Date:** _____ **Fee Amount - Paid: $100.00 – Cash – Check - $ Order** *(circle one)*

CITY OF CANANDAIGUA
APPLICATION FOR RIGHT – OF – WAY PERMIT

Department of Public Works, Hurley Building
205 Saltonstall Street, Canandaigua, New York 14424
585-396-5060 Fax: 585-396-5002

Company/Applicant Name: _____

Contact: _____

Address: _____ **Phone:** _____

Permit Type *(please check one)*

_____ Excavation (incl. new or repair to water and/or sanitary and storm sewer services)

_____ Street Obstruction/ Barricade

_____ Driveway Work (resurface, widen, curb cuts, new residential or commercial)

_____ Above Surface Encroachment (banner, sign, sidewalk café, etc.)

_____ Below Surface Encroachment (footing, tunned, vault/areaway, utility, etc.)

_____ Other: _____

Work Description: *(Attach separate sheet if necessary)*

_____

_____

_____

_____

_____

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_____

Work Location Information

Address (Number and Street): _____

Impact Area (Check all that apply)

Pavement _____ **Curb Line** _____ **Sidewalk** _____ **Tree/Lawn** _____ **Easement** _____

Work Area and/or Size of Cut: _____

Are drawings attached to this application? Yes _____ **No** _____

Dates of proposed work: from _____ **to** _____

Is proposed work being done in conjunction with a City Street Project? Yes _____ **No** _____

If Yes, identify street project: _____

_____

If granted a permit for the proposed work, I agree to perform all work according to the City of Canandaigua's Standards for Work in the Right- of- Way and any additional restrictions imposed by the City as a special condition of the permit.

Signature of Applicant: _____ **Date:** _____

(For Internal Use Only):

Special conditions: *(Attach separate sheet if necessary):*

_____

_____

_____

_____

Other permits required? Yes _____ **No** _____

If yes, what permits and by whom: _____

Signature of Authorizing Agent: _____ **Date:** _____

DPW Review: Insurance Certs: Yes *(attached)* _____ **No** _____ *(reason):* _____

Work Approved: Yes _____ **No** _____ **Begin Date:** _____ **End Date:** _____

Signature of Inspector: _____ **Date:** _____