

**City of Schenectady
Department of Engineering**

Room 205, City Hall, 105 Jay Street
Schenectady, New York 12305-1938
Office (518) 382-5082 Fax (518) 382-1050

| Office Use Only | | | | |
|---------------------|-----------|--------------------------|----------|--------------------------|
| Application No.: | _____ | | | |
| Permit No.: | _____ | | | |
| Date Issued: | _____ | | | |
| Liability Insurance | Attached: | <input type="checkbox"/> | On File: | <input type="checkbox"/> |

CURB CUT PERMIT

Instruction:

This application shall be completed in full, either typed or printed **clearly** in ink, and filed with the City of Schenectady Department of Engineering, at the above address.

Description:

This application shall be used when a property owner or their representative is installing, modifying or constructing a new curb cut. All required information for the construction of a curb cut can be found herein and/or within the City of Schenectady's Municipal Code Section [§228- Streets and Sidewalk Chapters 28-36](#). This Permit shall be allowed for a maximum of 30 days and require a fee of **\$50.00** that can be paid in Room 100, City Hall 105 Jay Street, Schenectady, NY 12305.

Any work or obstructions within the City Right-of-way shall require submission of current liability insurance naming the City as additionally insured.

Before any excavation always call Dig Safely New - Call **811**

Part I: General Information

1. Work Zone Information

a. Work Site Address: _____

2. Start Date and Time: _____

3. Total Days Required: _____

4. Applicant's Information

a. Applicant's Name: _____

b. Street Address: _____

c. City, State, ZIP: _____

d. Telephone No.: _____

e. Fax No.: _____

Signature:

Date:

PART II PERMIT APPLICATION SKETCH
SAMPLE

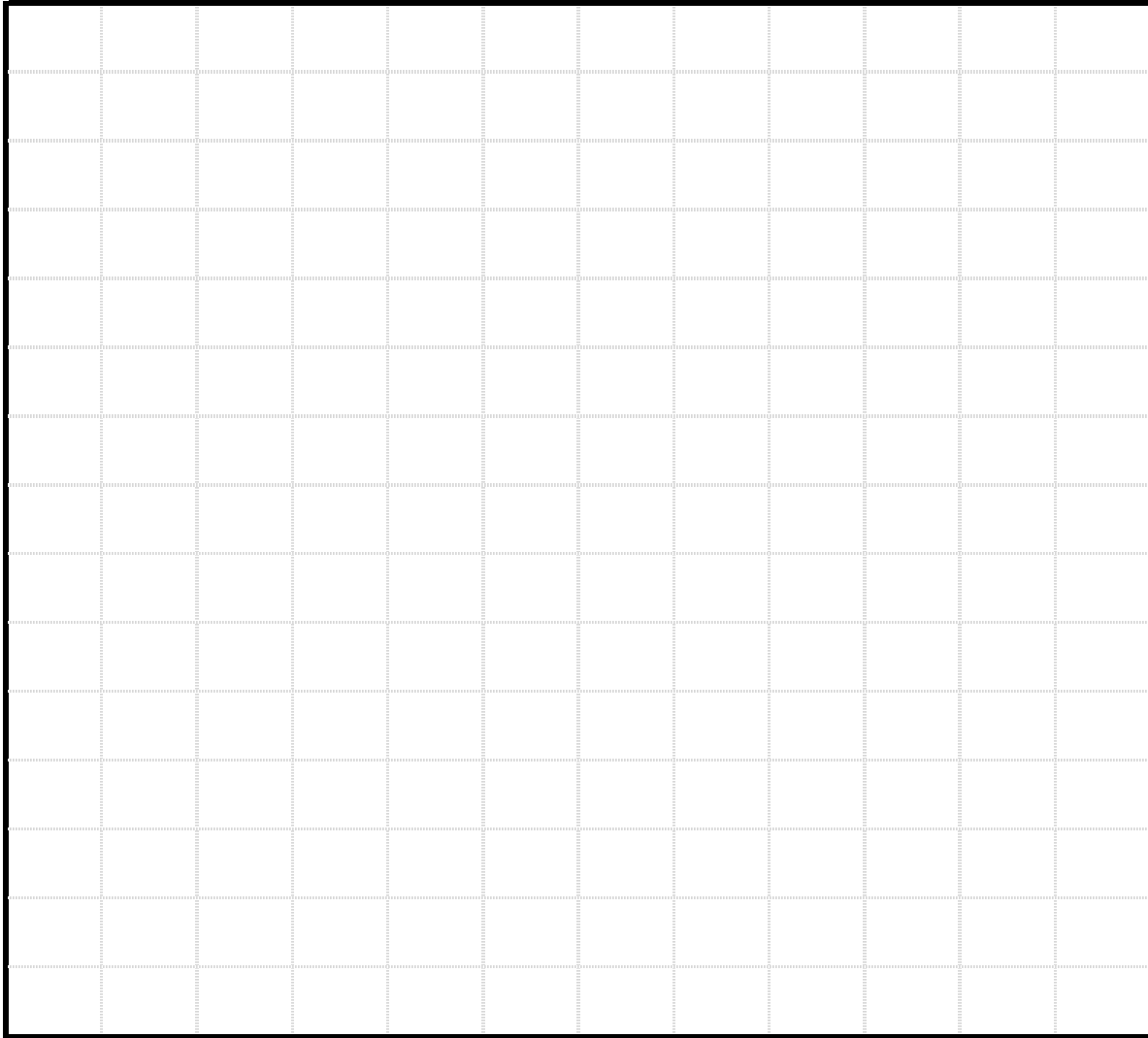
Applicant: _____

Work Site Address: _____

Is there alternate side parking on street: Yes No

Notes/Comments: _____

LOCATION OF WORK



INFORMATION

- Show street name and house number.
- Show distance from curb face to building and from curb face to street side edge of proposed sidewalk.
- Show nearest Utility Pole and identify it by the affixed number.
- Draw a rough sketch of the proposed location and indicate sidewalk and driveway width and location where applicable.

PART II PERMIT APPLICATION SKETCH
SAMPLE

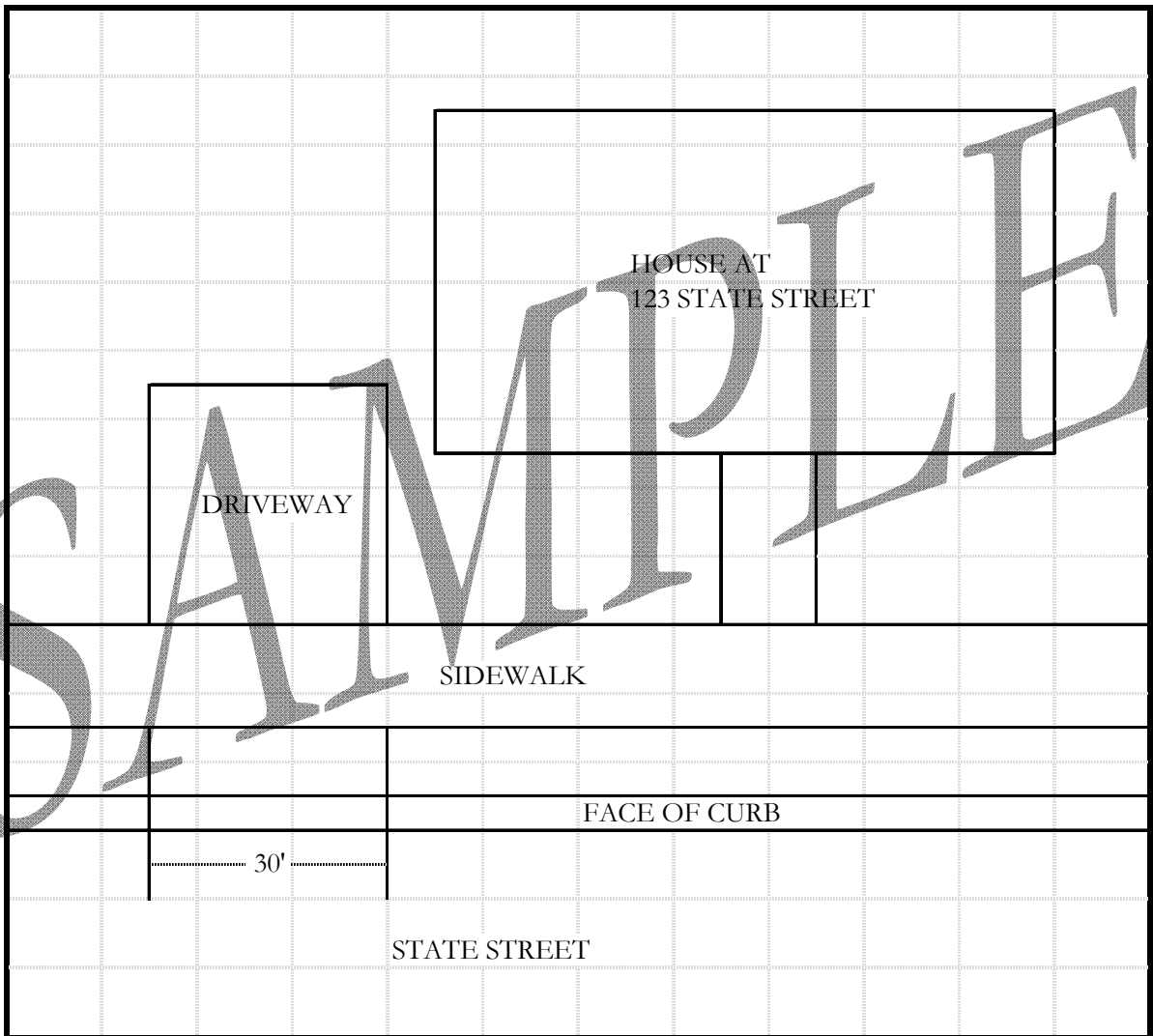
Applicant: JOHN SMITH

Work Site Address: 123 STATE STREET

Is there alternate side parking on street: Yes No

Notes/Comments: Replace 30 feet of curbing for a driveway expansion at 123 State St per City Specifications
Closest Utility pole NG-45 in front of 125 State Street.

LOCATION OF WORK



INFORMATION

- Show street name and house number.
- Show distance from curb face to building and from curb face to street side edge of proposed sidewalk.
- Show nearest Utility Pole and identify it by the affixed number.
- Draw a rough sketch of the proposed location and indicate sidewalk and driveway width and location where applicable.

Part III: Signature of Understanding

If, these permit conditions, including final restoration are not completed within the required length of time the undersigned must reapply for all applicable permits and pay all associated fees.

Any person, company, or business entity found not in compliance with this permit shall be subject to immediate revocation of permit privileges for the job being performed and suspension of all future work privileges until the job is brought into compliance. A stop-work order can be issued and recovery of the cost of materials, labor and inspection fees at prevailing rates can be charged to the undersigned to bring the job into compliance including forfeiture of any permit fee and/or deposit. In addition, for violation of the City of Schenectady Code section § 151, the undersigned will be guilty of a misdemeanor punishable by a fine not to exceed \$1,000 and/or 15 days in jail.

I, the undersigned, understand that the permit which may be issued pursuant to this application is done on the basis that all of the representations made on this permit application are true and accurate.

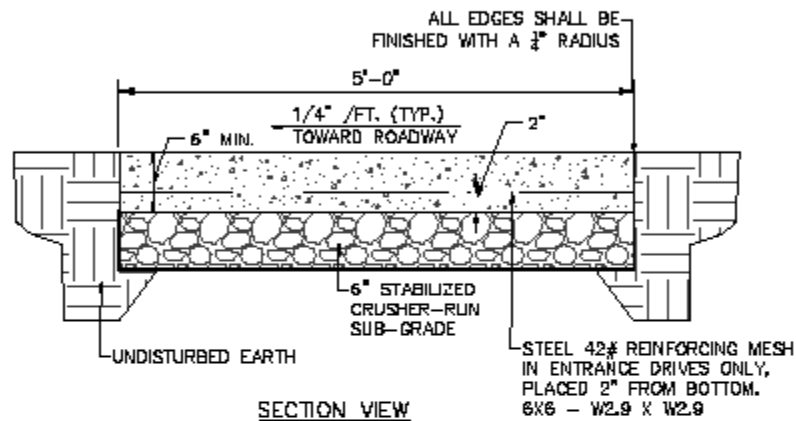
I understand that if any of the information given on this permit form is found to be untrue or inaccurate, or if the work initiated pursuant to a permit granted based on the representations made on this application, then the permit may be revoked without notice to myself, the contractor, or any other party.

I have read and understand all the provisions of the permit and shall comply with said requirements.

Applicant's Signature


Date

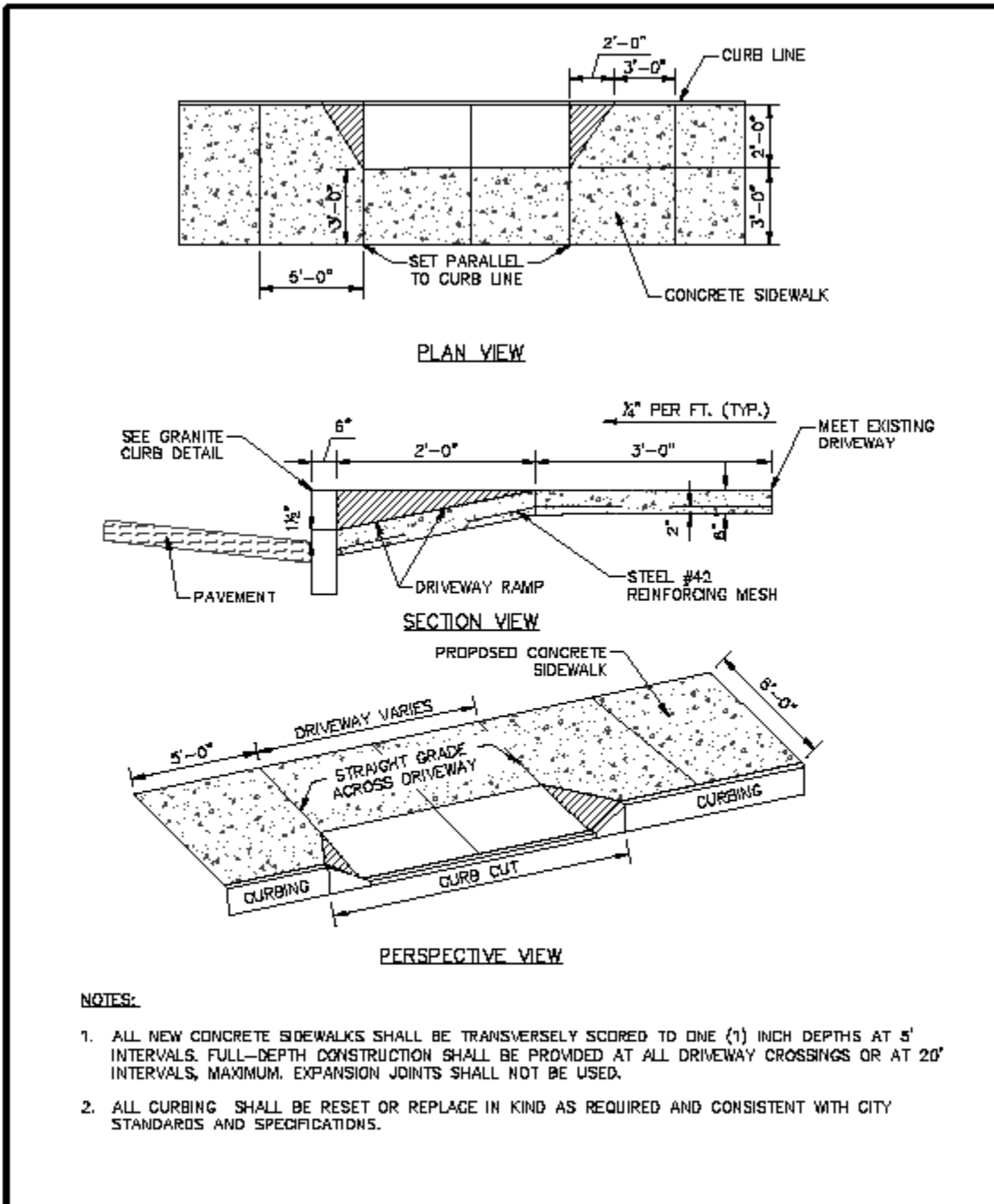
Applicant's Name (Please Print)



NOTES:


1. THE CONCRETE USED SHALL BE 4000 PSI PORTLAND CEMENT, AIR-ENTRAINED, CLASS "D" CONCRETE WITH AN AIR CONTENT OF 5% MIN., TO 7% MAX., AND A SLUMP OF TWO INCHES, MIN., TO THREE INCHES MAX.,
2. ALL NEW CONCRETE SIDEWALKS SHALL BE TRANSVERSELY SCORED TO ONE (1) INCH DEPTHS, 5' INTERVALS. FULL-DEPTH CONSTRUCTION JOINTS SHALL BE PROVIDED AT ALL DRIVEWAY CROSSINGS OR AT 20' INTERVALS, MAX.
3. ALL CURBING SHALL BE RESET OR REPLACED IN KIND AS REQUIRED, CONSISTENT IN EVERY RESPECT WITH CITY SPECIFICATION.
4. A PROTECTIVE SEALER SHALL BE APPLIED OVER THE ENTIRE SIDEWALK TO PRODUCE A DURABLE WEARING SURFACE.

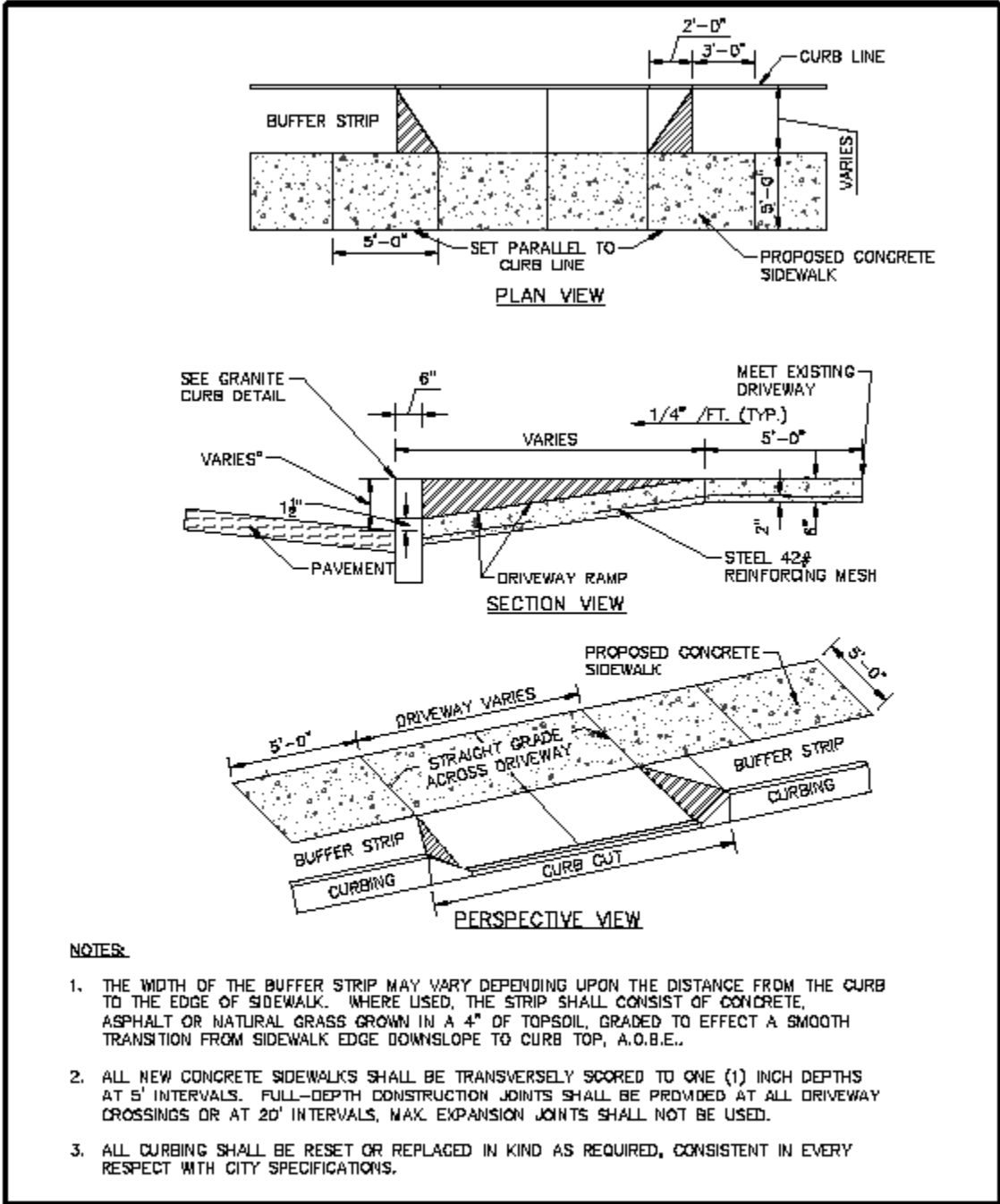
| | | | | |
|---|---|---|---|--|
|  <p>CITY OF SCHENECTADY SCHENECTADY COUNTY, NEW YORK</p> | <p>MAYOR: GARY MCCARTHY</p> <p>COMMISSIONER OF GENERAL SERVICES: CARL OLSEN</p> <p>CITY ENGINEER: CHRISTOPHER WALLER, P.E.</p> <p>DEPARTMENT OF ENGINEERING 105 JAY ST. ROOM 305 CITY HALL SCHENECTADY, NY 12305-1926</p> | <p>PROJECT NO.: SIDEWALK SPECIFICATIONS</p> <p>DESIGNED BY: PBK</p> <p>DRAWN BY: PBK</p> <p>REVIEWED BY: CRW</p> <p>APPROVED BY: CRW</p> <p>DATE: 4/20/2013</p> | <p>SHEET TITLE: SIDEWALK DETAILS</p> <p>SCALE: NOT TO SCALE</p> | <p>LOGATOR:</p> <p>DRAWING NUMBER: G-001.1</p> <p>SHEET NUMBER: 1 of 4</p> |
|---|---|---|---|--|



NOTES:

1. ALL NEW CONCRETE SIDEWALKS SHALL BE TRANSVERSELY SCORED TO ONE (1) INCH DEPTHS AT 5' INTERVALS. FULL-DEPTH CONSTRUCTION SHALL BE PROVIDED AT ALL DRIVEWAY CROSSINGS OR AT 20' INTERVALS, MAXIMUM. EXPANSION JOINTS SHALL NOT BE USED.
2. ALL CURBING SHALL BE RESET OR REPLAGE IN KIND AS REQUIRED AND CONSISTENT WITH CITY STANDARDS AND SPECIFICATIONS.

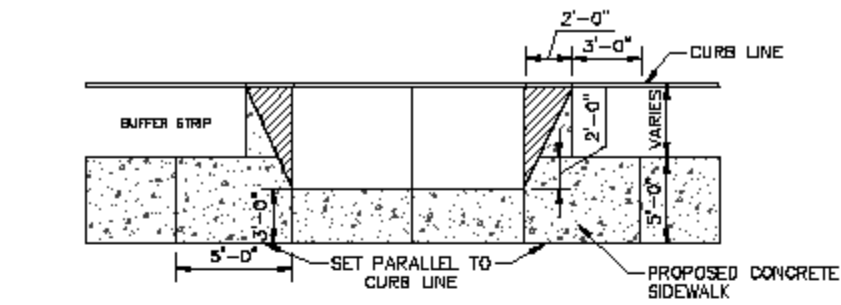
| | | | | | |
|---|---|--|--|---|--|
|  CITY OF SCHENECTADY SCHENECTADY COUNTY, NEW YORK | NAME: GARY BOGDANSKI COMMISSIONER OF GENERAL SERVICES CARL OLSON | PROJECT NO.: DESIGNED BY: DRAWN BY: REVIEWED BY: APPROVED BY: DATE: | SIDEWALK SPECIFICATIONS PER PER DRW DRW 4/29/2013 | SHEET TITLE: SIDEWALK NO BUFFER STRIP DETAILS SCALE: NOT TO SCALE | LOCATION: DRAWING NUMBER: G-001.2 SHEET NUMBER: 2 OF 4 |
|---|---|--|--|---|--|



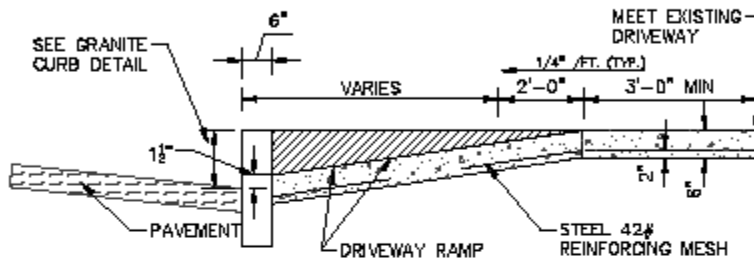
NOTES:

1. THE WIDTH OF THE BUFFER STRIP MAY VARY DEPENDING UPON THE DISTANCE FROM THE CURB TO THE EDGE OF SIDEWALK. WHERE USED, THE STRIP SHALL CONSIST OF CONCRETE, ASPHALT OR NATURAL GRASS GROWN IN A 4" OF TOPSOIL, GRADED TO EFFECT A SMOOTH TRANSITION FROM SIDEWALK EDGE DOWNSLOPE TO CURB TOP, A.O.B.E..
2. ALL NEW CONCRETE SIDEWALKS SHALL BE TRANSVERSELY SCORED TO ONE (1) INCH DEPTHS AT 5' INTERVALS. FULL-DEPTH CONSTRUCTION JOINTS SHALL BE PROVIDED AT ALL DRIVEWAY CROSSINGS OR AT 20' INTERVALS, MAX. EXPANSION JOINTS SHALL NOT BE USED.
3. ALL CURBING SHALL BE RESET OR REPLACED IN KIND AS REQUIRED, CONSISTENT IN EVERY RESPECT WITH CITY SPECIFICATIONS.

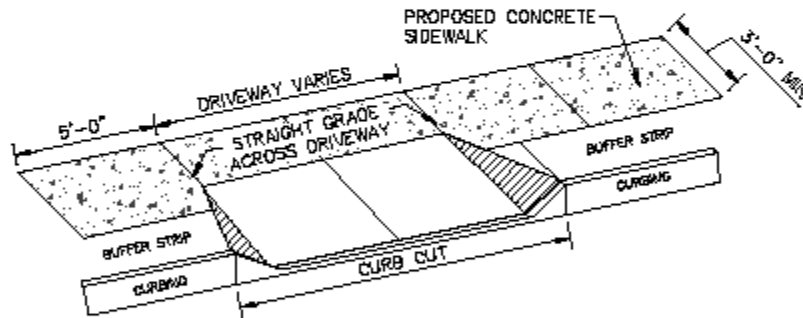
| | | | | | |
|---|---|------------------|-------------------------|----------------------------------|----------------------------|
|  CITY OF SCHENECTADY SCHENECTADY COUNTY, NEW YORK | SAUCE GARY WOODRUFF COMMISSIONER OF GENERAL SERVICES CARE USER CITY ENGINEER CHRISTOPHER WALLER, P.E. DEPARTMENT OF ENGINEERING 185 JAY ST. ROOM 205 CITY HALL SCHENECTADY, NY 12305-1658 | PROJECT NO:1 | SIDEWALK SPECIFICATIONS | SHEET TITLE | LOCATION: |
| | | DESIGNED BY: FBK | | SIDEWALK BUFFER STRIP DETAILS | DRAWING NUMBER: G-D01.3 |
| | | DRAWN BY: FBK | | SCALE | SHEET NUMBER: 3 of 4 |
| | | REVIEWED BY: CRW | | NOT TO SCALE | |
| | | APPROVED BY: CRW | | | |
| | | DATE: 4/28/2013 | | | |



PLAN VIEW



SECTION VIEW



PERSPECTIVE VIEW

NOTES:

1. THE WIDTH OF THE BUFFER STRIP MAY VARY DEPENDING UPON THE DISTANCE FROM THE CURB TO THE FRONT EDGE OF SIDEWALK. WHERE USED, THE STRIP SHALL CONSIST OF CONCRETE, ASPHALT OR NATURAL GRASS GROWN IN A 4" OF TOPSOIL, GRADED TO EFFECT A SMOOTH TRANSITION FROM SIDEWALK EDGE DOWNSLOPE TO CURB TOP, A.D.B.E.
2. ALL NEW CONCRETE SIDEWALKS SHALL BE TRANSVERSELY SCORED TO ONE (1) INCH DEPTHS AT 5' INTERVALS. FULL-DEPTH CONSTRUCTION JOINTS SHALL BE PROVIDED AT ALL DRIVEWAY CROSSINGS OR AT 20' INTERVALS, MAX. EXPANSION JOINTS SHALL NOT BE USED.
3. ALL CURBING SHALL BE RESET OR REPLACED IN KIND AS REQUIRED, CONSISTENT IN EVERY RESPECT WITH CITY SPECIFICATION.



CITY OF SCHENECTADY
SCHENECTADY COUNTY,
NEW YORK

SAYOR:
GARY MCCORMY
COMMISSIONER OF GENERAL SERVICES
CARL OLSER
CITY ENGINEER:
CHRISTOPHER WALLER, P.E.
DEPARTMENT OF ENGINEERING
165 JAY ST. ROOM 305 CITY HALL
SCHENECTADY, NY 12305-1658

| | | |
|-------------|-------------------------|--------------------------------------|
| PROJECT NO. | SIDEWALK SPECIFICATIONS | SHEET TITLE: |
| DESIGNED BY | PBK | SIDEWALK NARROW BUFFER STRIP DETAILS |
| DRAWN BY | PBK | |
| REVIEWED BY | CRW | SCALE: |
| APPROVED BY | CRW | NOT TO SCALE |
| DATE | 4/29/2013 | |

| |
|----------------------------|
| LOCATION: |
| DRAWING NUMBER: G-001.4 |
| SHEET NUMBER: 4 OF 4 |

| | | | |
|---|--|--|---------------------------------|
| ACORD TM. | | CERTIFICATE OF LIABILITY INSURANCE | DATE (MM/DD/YYYY) 09 13 2004 |
| PRODUCER | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICES BELOW. | |
| INSURED JOHN & JANE DOE 000 ANY STREET ANY TOWN, ANY STATE 00000 | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: | |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |

COVERAGES

THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMES ABOVE FOR THE POLY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICES. AGGREGATES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR. LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION | LIMITS | |
|-----------|--|---------------|------------------------------------|-------------------|--|-----------------|
| A | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRODUCT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE | \$ 1,000,000.00 |
| | <input type="checkbox"/> | | | | FIRE DAMAGE (Any one fire) | \$ - |
| | <input type="checkbox"/> | | | | MED EXP (Any one person) | \$ - |
| | <input type="checkbox"/> | | | | PERSONAL & ADV INJURY | \$ - |
| | <input type="checkbox"/> | | | | GENERAL AGGRREGATE | \$ 2,000,000.00 |
| | <input type="checkbox"/> | | | | PRODUCTS-COMP/OP AGG | \$ - |
| | <input type="checkbox"/> | | | | | |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> | SAMPLE | | | COMBINED SINGLE LIMIT (Each accident) | \$ - |
| | <input type="checkbox"/> | | | | BODILY INJURY (Per person) | \$ - |
| | <input type="checkbox"/> | | | | BODILY INJURY (Per person) | \$ - |
| | <input type="checkbox"/> | | | | PROPERTY DAMAGE (per accident) | \$ 500,000.00 |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> | SAMPLE | | | AUTO ONLY - EA ACCIDENT | \$ - |
| | <input type="checkbox"/> | | | | OTHER THAN EA ACC | \$ - |
| | <input type="checkbox"/> | | | | AUTO ONLY AGG | \$ - |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE | \$ 250,000.00 |
| | <input type="checkbox"/> | | | | AGGREGATE | \$ - |
| | <input type="checkbox"/> | | | | | \$ - |
| | <input type="checkbox"/> | | | | | \$ - |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | <input type="checkbox"/> WO STATU- <input type="checkbox"/> OTHER TORY LIMITS | |
| | <input type="checkbox"/> | | | | E.L. EACH ACCIDENT | |
| | <input type="checkbox"/> | | | | E.L. DISEASE - EA EMPLOYEE | |
| | <input type="checkbox"/> | | | | E.L. DISEASE - POLICY LIMIT | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
THE CITY OF SCHENECTADY IS ADDITIONALLY INSURED

| | |
|---|--|
| CERTIFICATE HOLDER | CANCELLATION |
| City of Schenectady 105 Jay St, Room #205 Schenectady NY 12305 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPROSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVE. AUTHORIZED REPRESENTATIVE |