



APPLICATION FOR ROADWAY/SIDEWALK PERMIT(S)

* See reverse for instructions on how to complete this form.

Rev. 8/8/19

SECTION A: Applicant Information

1. Permittee ID#: _____ 2. Permittee Name: _____

3. Address: _____

4. Tel #:(_____) - _____ 5. E-Mail: _____

SECTION B: Work Information

6. Borough: ___ MN ___ BK ___ QN ___ BX ___ SI 7. OCMC File: _____ - _____ - _____

8. Type of Pavement: a. Roadway _____ b. Sidewalk _____ 9. DOB#: _____

10. House No.: _____ 11. On Street: _____

11a. Street Work On, If Different From Above: _____

12. Between: _____ and _____
(Cross Street #1) (Cross Street #2)

13. For the Purpose of: _____

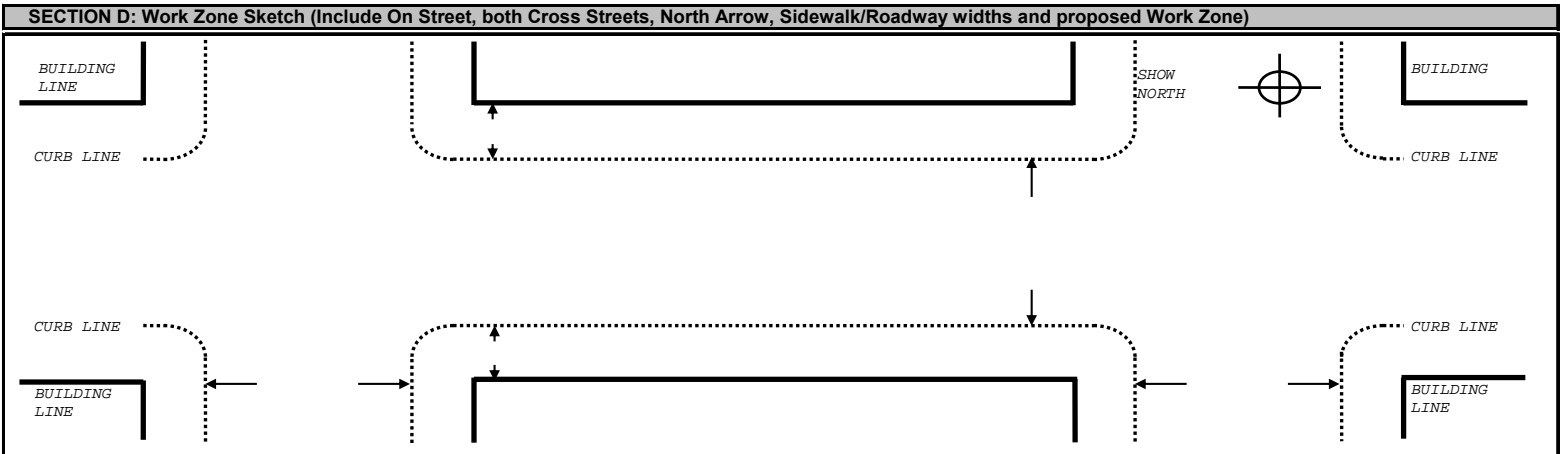
14. Number of Openings: _____ 15. Area Size: _____ 16. Frontage Length: _____
(In Square Feet) (In Linear Feet)

17. Work Start Date: _____ / _____ / _____ 18. Work End Date: _____ / _____ / _____

19. For the work location listed above: Check **YES** if at least **ONE** of the following is applicable. Check **NO** if **NONE** of the following is applicable:
Would the excavation work happen in a corner quadrant? ___ YES ___ NO
Would the excavation work happen adjacent to a crosswalk? ___ YES ___ NO

SECTION C: Type of Permit Requested (Check All That Apply)

STREET OPENING PERMITS	BUILDING OPERATIONS PERMITS
<input type="checkbox"/> 0100 OPEN SIDEWALK TO INSTALL FOUNDATION	<input type="checkbox"/> 0201 PLACE MATERIAL ON STREET
<input type="checkbox"/> 0111 MAJOR INSTALLATION SEWER	<input type="checkbox"/> 0202 CROSSING SIDEWALK
<input type="checkbox"/> 0113 REPAIR WATER	<input type="checkbox"/> 0203 PLACE CRANE OR SHOVEL ON STREET
<input type="checkbox"/> 0114 REPAIR SEWER	<input type="checkbox"/> 0204 PLACE EQUIPMENT OTHER THAN CRANE OR SHOVEL ON STREET
<input type="checkbox"/> 0115 REPAIR WATER/SEWER	<input type="checkbox"/> 0205 PLACE SHANTY OR TRAILER ON STREET
<input type="checkbox"/> 0116 FUEL OIL LINE	<input type="checkbox"/> 0208 TEMPORARY PEDESTRIAN WALKWAY
<input type="checkbox"/> 0117 VAULT CONSTRUCTION OR ALTERATION	<input type="checkbox"/> 0211 OCCUPANCY OF ROADWAY AS STIPULATED
<input type="checkbox"/> 0118 RESET, REPAIR OR REPLACE CURB	<input type="checkbox"/> 0214 PLACE CONTAINER ON STREET
<input type="checkbox"/> 0119 PAVE STREET	<input type="checkbox"/> 0215 OCCUPANCY OF SIDEWALK AS STIPULATED
<input type="checkbox"/> 0126 TEST PITS, CORES OR BORINGS	<input type="checkbox"/> 0221 TEMPORARY CONSTRUCTION SIGN/MARKINGS
<input type="checkbox"/> 0127 CONDUIT CONSTRUCTION (CABLE, TELECOMM. AND FRANCHISE)	
<input type="checkbox"/> 0132 INSTALL FENCE	
	CANOPY PERMITS
	<input type="checkbox"/> 0701 CANOPY FOR HOTEL
	<input type="checkbox"/> 0702 CANOPY FOR RESTAURANT
	<input type="checkbox"/> 0703 CANOPY FOR RESIDENCE
	<input type="checkbox"/> 0704 CANOPY FOR MISCELLANEOUS
	<input type="checkbox"/> 0705 CANOPY FOR SIDEWALK CAFÉ
	<input type="checkbox"/> Other Type of Permit
SIDEWALK CONSTRUCTION PERMITS	
<input type="checkbox"/> 0401 REPAIR SIDEWALK	
<input type="checkbox"/> 0402 CONSTRUCT NEW SIDEWALK	
<input type="checkbox"/> 0403 REPLACE SIDEWALK	
<input type="checkbox"/> 0405 CONSTRUCT NEW SIDEWALK - BUILDERS PAVEMENT	



SECTION E: Permit Stipulations (For Official Use Only)

Permit Type	Fee	Permit Stipulations	Permit Number
1.			
2.			
3.			
4.			
5.			
Special Stipulations:			

Additional Fees: Inspection: _____ Tunneling: _____ Other (Specify): _____

OCMC Approval by: _____ Date: _____ / _____ / _____

(For Official Use Only)

SECTION F: Acknowledgements and Agreements by Authorized Representative of the Applicant

The permit to be granted is subject to the following conditions:
 The applicant agrees to comply with all laws and rules of the Department and any other applicable laws and rules.
 No permit shall be issued unless all applicable insurance and permit bonds are on file.

19. Submitted by: _____ 20. Tel #:(_____) - _____
(Please Print)

21. Signed by: _____ 22. Date: _____ / _____ / _____
(Authorized Representative of Applicant)

INSTRUCTIONS FOR COMPLETING ROADWAY/SIDEWALK PERMIT APPLICATION PROPERLY

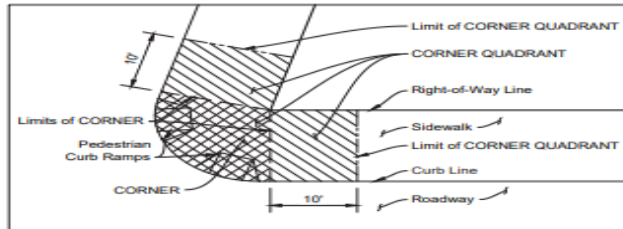
To ensure the proper processing of your application, please print all information *CLEARLY*.

SECTION A: Applicant Information

1. **Permittee ID#:** Provide the unique 5 digit identification number the Permittee received when he/she registered their company with the Department of Transportation. Permits will not be issued without a Permittee ID Number.
2. **Permittee Name:** Provide the name of the company to whom the permits will be issued and to whom the above Permittee ID# is assigned.
3. **Address:** Provide the Permittee's business mailing address.
4. **Tel #:** Provide the Permittee's daytime telephone number.
5. **E-mail:** Provide the Permittee's e-mail address.

SECTION B: Work Information

6. **Borough:** Check the Borough in which the proposed work will be performed (MN-Manhattan, BK-Brooklyn, QN-Queens, BX-Bronx, SI-Statens Island).
7. **OCMC File:** If one exists, provide the OCMC file number pertaining to the proposed work (e.g. MEC-08-001).
8. **Type of Pavement:**
 - a. **Roadway:** If working in the roadway, provide the surface material of the roadway where the proposed work will occur (e.g. Asphalt)
 - b. **Sidewalk:** If working in the sidewalk, provide the surface material of the sidewalk where the proposed work will occur (e.g. Concrete)
9. **DOB#:** Provide any applicable Department of Buildings permit numbers.
10. **House No.:** Provide the house number of the building where the proposed work will occur.
11. **On Street:** Provide the name of the street where the proposed work will occur.
11a. Street Work On, If Different From Above: Provide the name of the street where the physical proposed work will occur if it is not occurring on the same street to which the address applies. (e.g.: Work being performed for 55 Water Street, but excavation is on Old Slip).
12. **Between: and :** Provide the names of the two streets with which the On Street intersects (Cross Streets).
13. **For the Purpose of:** Provide the reason why you are applying for permits (e.g.: New Bldg. Construction, Repair Defective Sidewalk, etc.).
14. **Number of Openings:** Provide the number of proposed open excavations to be made.
15. **Area Size:** Provide the total square footage of the proposed work area.
16. **Frontage Length:** Provide the total linear footage of all proposed work. Provide total building's frontage length if performing new building or building alteration work.
17. **Work Start Date:** Provide the date when the proposed work is expected to commence. (May be changed by NYC DOT to reflect permit restrictions)
18. **Work End Date:** Provide the anticipated completion date of the proposed work. (May be changed by NYC DOT to reflect permit restrictions)
19. If you are performing excavation work and it affects the Corner Quadrant or Crosswalk, answer the question(s) accordingly. See <https://www.nycpedramps.info/sites/default/files/2018-08/ContractorBrochure.pdf> for detailed information.



CORNER and CORNER QUADRANT Schematic Definition
Not to Scale

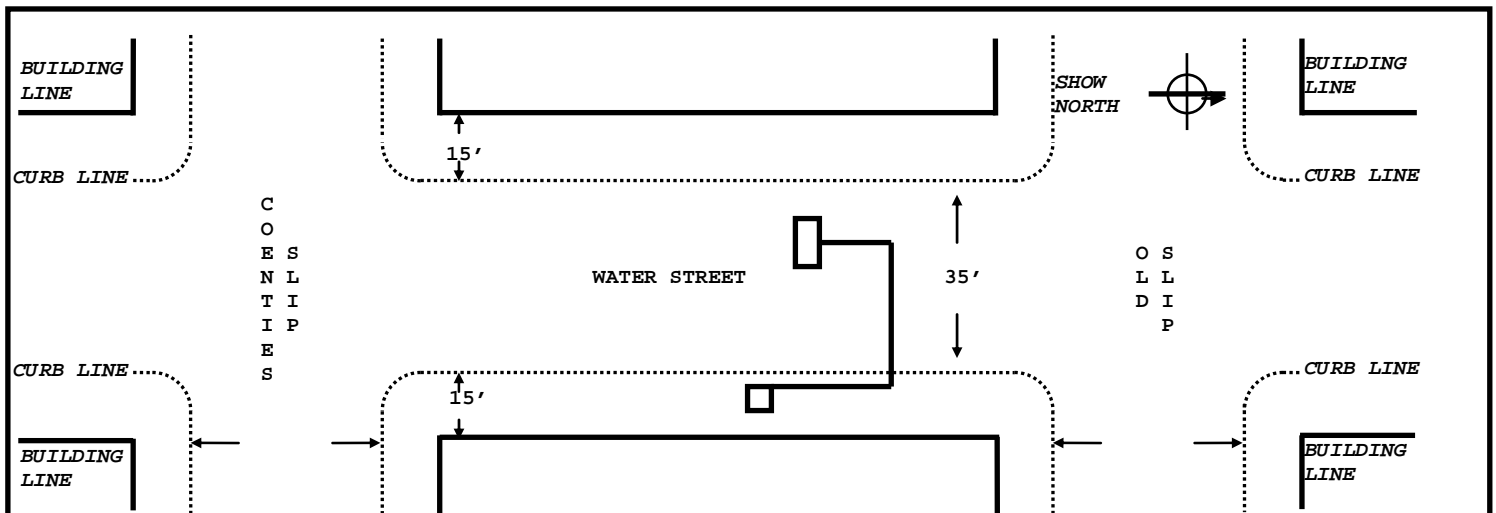
SECTION C: Type of Permit Requested

Check all permit types that you wish to apply for today based on your proposed work.

SECTION D: Work Zone Sketch

Provide a diagram of the proposed work location for which you are requesting a permit. Show all pertinent information including On Street, both Cross Streets, North Arrow, Sidewalk/Roadway widths and location of excavations or placement of construction equipment/material, etc. NOTE: If completing this form online, On Street, Cross Streets, North Arrow and Sidewalk/Roadway widths may be filled in, however the work zone sketch must be hand-drawn after printing this form.

EXAMPLE:



SECTION E: Permit Stipulations (For Official Use Only)

This area is for OCMC Project Managers' use only. This is where you will see what permit stipulations will be issued and printed on the approved permit(s). DO NOT WRITE IN THIS AREA.

SECTION F: Acknowledgements and Agreements by Authorized Representative of the Applicant

19. **Submitted By:** Print the name of the person who is submitting this application for review and approval.
20. **Tel #:** Provide a valid daytime telephone number of the person submitting this application.
21. **Signed By:** The person submitting this application must be an authorized representative of the applicant and must provide his/her original signature.
22. **Date:** Provide the date of application submittal.