



**Purpose:** This form is used to apply for a Thruway Occupancy and/or Work permit in accordance with the NYS THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION GUIDELINES (TAP-401).

**INSTRUCTIONS:**

- Applicant:** Contact the appropriate Division Permit Coordinator (DPC) (Section IV) prior to completing this Application. Complete Sections I through III (print or type). Submit Application, applicable supporting documents and fees as per Supporting Documentation, Fee Schedule and Payment Information to the appropriate DPC listed in Section IV.

- Division Permit Coordinator:** Forward completed Application and supporting documents to HQ Permit Coordinator. Forward applicable fees to Finance.

**NOTE:** Please review the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION GUIDELINES (TAP-401) available on the Authority's website.

Authority Use Only
Work Permit No.
Occupancy Permit No.
Construction Permit No.

**Section I Applicant Information**

Applicant Type (check one)		Permit Type(s) (check Work and/or Occupancy)	
<input type="checkbox"/> Business Organization, enter type below: _____	<input type="checkbox"/> Work Permit (check one below) <input type="checkbox"/> Single Use <input type="checkbox"/> Annual	<input type="checkbox"/> Occupancy Permit (check one below) <input type="checkbox"/> New <input type="checkbox"/> Amended - No. _____	
<input type="checkbox"/> Governmental Agency	Applicant Name		Federal ID No.
<input type="checkbox"/> Individual <input type="checkbox"/> Public Utility Corporation			

Applicant Mailing Address			
Street/P.O. Box	City	State	Zip Code -

Contact Person Name	Phone No. (    ) -	Ext.	Fax No. (    ) -
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Email Address	Duration of Work From _____ Through _____
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Purpose of Permit (brief description and location)

**Section II Supporting Documentation, Fee Schedule and Payment Information**

Applications will only be considered if the forms listed below are completed and submitted as part of the Application.

**FORMS TO BE COMPLETED:** (available on the Authority's website or from the DPC)

TA-W5124	Thruway Permit Application - Pages 1 - 3 (original form <b>ONLY</b> will be accepted)
ACORD 25	Certificate of Liability Insurance (available from your insurance agent; original form <b>ONLY</b> will be accepted)
TA-W51343	Supplemental Insurance Certificate
CE-200	Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Insurance
SI-12	Affidavit certifying that compensation has been secured (if self-insured)
U-26.3	NYS Insurance Fund Certificate of Workers' Compensation coverage
C-105.2	Certificate of NYS Workers' Compensation Insurance form Private Insurance Carriers
DB-120.1	Certificate of NYS Disability Benefits Insurance or Self-Insurance
DB-155	Certificate of NY Disability Benefits Self Insurance

## THRUWAY PERMIT APPLICATION

**Section II Supporting Documentation, Fee Schedule and Payment Information (Cont.)**

Supporting documents, as listed below, may be required. Contact the appropriate DPC to determine which supporting documents and fees will be required.

- Site/Operation Plan (3 copies)
  - Must be stamped by a New York State Licensed Professional Engineer or Registered Architect
    - Plan and profile drawn to scale
    - Highway ROW, C/L and stationing
    - Edge of pavement and shoulders
- Occupancy Permit Application Supplement (TA-W5123)
- NYSTA Performance Bond (TA-4476)
- Permittee Traffic Control Plan (3 copies)
  - Must be stamped by a New York State Licensed Professional Engineer
- Property Survey stamped by a New York State Licensed Land Surveyor (3 copies)
- Utility Pole/Conduit Authorization/Letter of Agreement (for non-owner)
- Drainage Analysis/Storm Water Management Report
- Other \_\_\_\_\_

Fee Type	Occupancy Permit Fees	Work Permit Fees
Application Fee	\$750 (minimum, non-refundable)	\$ 250 (issued for single project/activity) \$1,000 (issued/renewed annually for multiple projects/activities)
Amendment Fee (per permit)	\$ 25 Nominal (name/address change) \$250 Moderate (routine engineering/administrative review) \$500 Comprehensive (extensive engineering/administrative review)	N/A
Annual Fee	The Authority reserves the right to charge annual fees in accordance with the Authority's Fee Policy for Occupancy Permits.	N/A
Bond or Deposit	If applicable	If applicable

Payment Type

Check (payable to "New York State Thruway Authority")       Credit Card (**Note:** Applicant must obtain permit number from DPC prior to calling in credit card payment to (518) 471-4409, Mon. - Fri. 8 a.m. to 4 p.m.)

**Section III Applicant Affirmation/Certification (Read thoroughly before signing)**

Application is hereby made by the undersigned for issuance of a permit(s). I understand and agree that permits are revocable unilaterally by the Thruway Authority (Authority). I understand and agree that if granted a permit(s): I am responsible to reimburse the Authority for any expenses incurred by the Authority as a result of such permit(s); and I am solely responsible for obtaining any other consents or permits that may be necessary to accomplish the purposes of such permit(s).

I further understand that this Application incorporates by reference the terms and conditions of the NEW YORK STATE THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION GUIDELINES (TAP-401), the UTILITY OCCUPANCY SUPPLEMENT (TAP-401U), the FIBER OPTIC FACILITIES SUPPLEMENT (TAP-401F) and the DESIGN AND CONSTRUCTION REQUIREMENTS FOR OCCUPANCIES (TAP-421A-E), as such documents may be amended. I agree that if granted a permit, this Application becomes a part of such permit, and as a condition of the issuance of the permit and/or exercise of any privileges granted thereunder, I shall comply with all terms and conditions of this Application, any condition rider placed on such permit and the RULES AND REGULATIONS OF THE NEW YORK STATE THRUWAY AUTHORITY, as same may be amended.

I affirm and certify that all information provided to the Authority, whether written or verbal, including, but not limited to, this Application and accompanying Forms and Supporting Documents, is complete, true and accurate.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## THRUWAY PERMIT APPLICATION

### Section IV Thruway Authority Division Permit Coordinators

Please contact the appropriate Thruway Authority DPC prior to completing Application.

<u>Division</u>	<u>Highway Sections</u>	<u>Division Milepost Limits</u>
New York	New York (Mainline) • Garden State Parkway Connection • New England Section • I-287 Cross Westchester*	0.00 - 76.50 GS 0.00 - GS 2.40 NE 0.17 - NE 15.01 CWE 0.00 - CWE 10.90
Albany	Albany (Mainline) • Berkshire Section	76.50 - 197.90 B 0.00 - B 24.28
Syracuse	Syracuse (Mainline)	197.90 - 350.60
Buffalo	Buffalo (Mainline) • Niagara Section	350.60 - 496.00 N 0.00 - N 21.50

#### Addresses and Phone Numbers

NYS Thruway Authority New York Division Division Permit Coordinator 4 Executive Blvd. Suffern, NY 10901 Phone: (845) 918-2510 Fax: (845) 918-2596	NYS Thruway Authority Albany Division Division Permit Coordinator P.O. Box 861 Albany, NY 12201-0861 Phone: (518) 436-2710 Fax: (518) 436-2932  <u>Overnight mail address:</u> Route 9W, Interchange 23 Bldg. 1 Albany, NY 12209	NYS Thruway Authority Syracuse Division Division Permit Coordinator 290 Elwood Davis Rd., Suite 250 Liverpool, NY 13088-2118 Phone: (315) 438-2420 Fax: (315) 461-0765	NYS Thruway Authority Buffalo Division Division Permit Coordinator 455 Cayuga Rd., Suite 800 Cheektowaga, NY 14225 Phone: (716) 631-9017 Fax: (716) 626-5362
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\* For the Cross Westchester Expressway (I-287), Occupancy Permits are issued by the New York State Department of Transportation and Work Permits are issued by the New York State Thruway Authority.

### Section V Authority Use Only

Location References (if known)

Beginning Milepost No. \_\_\_\_\_ Ending Milepost No. \_\_\_\_\_ GPS Coordinates \_\_\_\_\_  
 Municipality (city, town or village) \_\_\_\_\_ County \_\_\_\_\_

Use(s)

- |   |  |   |                                    |   |   |                              |                                     |                                |                                      |                                      |
|---|--|---|------------------------------------|---|---|------------------------------|-------------------------------------|--------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Access <input type="checkbox"/> Parking <input type="checkbox"/> Agricultural <input type="checkbox"/> Storage <input type="checkbox"/> Utility <sup>1</sup><br><br><input type="checkbox"/> Other (describe) _____<br>_____ | <p><sup>1</sup> If Utility (check all that apply)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Storm Sewer</td> <td><input type="checkbox"/> Petroleum</td> <td><input type="checkbox"/> Telecommunications</td> </tr> <tr> <td><input type="checkbox"/> Sanitary Sewer</td> <td><input type="checkbox"/> Oil</td> <td><input type="checkbox"/> Television</td> </tr> <tr> <td><input type="checkbox"/> Water</td> <td><input type="checkbox"/> Natural Gas</td> <td><input type="checkbox"/> Electricity</td> </tr> </table> | <input type="checkbox"/> Storm Sewer        | <input type="checkbox"/> Petroleum | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Oil | <input type="checkbox"/> Television | <input type="checkbox"/> Water | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Storm Sewer  | <input type="checkbox"/> Petroleum   | <input type="checkbox"/> Telecommunications |                                    |   |   |                              |                                     |                                |                                      |                                      |
| <input type="checkbox"/> Sanitary Sewer   | <input type="checkbox"/> Oil   | <input type="checkbox"/> Television         |                                    |   |   |                              |                                     |                                |                                      |                                      |
| <input type="checkbox"/> Water  | <input type="checkbox"/> Natural Gas   | <input type="checkbox"/> Electricity        |                                    |   |   |                              |                                     |                                |                                      |                                      |

Improvement(s)

- |   |  |  |  |                                 |  |                                       |  |  |  |   |  |  |  |
|---|--|--|--|---------------------------------|--|---------------------------------------|--|--|--|---|--|--|--|
| <input type="checkbox"/> Building related<br><br><input type="checkbox"/> Communications Tower<br><br><input type="checkbox"/> Utility Infrastructure <sup>2</sup> (choose type below)<br><input type="checkbox"/> Cable <input type="checkbox"/> Fiber optic <input type="checkbox"/> Pipeline | <p><sup>2</sup> If Utility, orientation of infrastructure (check all that apply)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Underground, enter<br/>depth in inches _____</td> <td><input type="checkbox"/> Surface</td> <td><input type="checkbox"/> Aerial</td> <td><input type="checkbox"/> Bridge attachment</td> </tr> <tr> <td><input type="checkbox"/> Longitudinal</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> Transverse - Offset from bridge or cross street _____ feet</td> <td colspan="3"></td> </tr> </table> | <input type="checkbox"/> Underground, enter<br>depth in inches _____ | <input type="checkbox"/> Surface           | <input type="checkbox"/> Aerial | <input type="checkbox"/> Bridge attachment | <input type="checkbox"/> Longitudinal |  |  |  | <input type="checkbox"/> Transverse - Offset from bridge or cross street _____ feet |  |  |  |
| <input type="checkbox"/> Underground, enter<br>depth in inches _____  | <input type="checkbox"/> Surface   | <input type="checkbox"/> Aerial                                      | <input type="checkbox"/> Bridge attachment |                                 |  |                                       |  |  |  |   |  |  |  |
| <input type="checkbox"/> Longitudinal   |  |  |  |                                 |  |                                       |  |  |  |   |  |  |  |
| <input type="checkbox"/> Transverse - Offset from bridge or cross street _____ feet   |  |  |  |                                 |  |                                       |  |  |  |   |  |  |  |