

ORANGE COUNTY DEPARTMENT OF PUBLIC WORKS

To: Commissioner of Public Works
 Tel: 845-291-2750
 Fax: 845-291-2778

PERMIT FOR WORK ON A COUNTY ROAD

Department of Public Works
 P.O. Box 509, Route 17M
 Goshen, NY 10924

Application is hereby made for permission under Section 136 of the Highway Law, to enter upon and construct the following facilities on the following named Orange County Road:

Permit # _____ **Permit Type** _____ **Call Before You Dig #** _____
(Driveway, Utility, Special Haul, Special Event) (Ticket Number)

Owner / Applicant Information

Name _____
Contact _____
Address _____
City _____
State, Zip _____
Phone () - _____
Fax () - _____
Cell phone () - _____
Email _____

Contractor Information

Name _____
Contact _____
Address _____
City _____
State, Zip _____
Phone () - _____
Fax () - _____
Cell phone () - _____
Email _____

Location

Street (County Road #) _____ **Segment(Official use only)** _____
Address _____
Location _____
Purpose _____

Special Conditions _____

Town, Section-Block-Lot # _____, _____ - _____ - _____

In Pavement Yes No **Size** _____ **Depth** _____

If permit is granted, I hereby agree to all the conditions and restrictions forming a part of this permit and to restore to its original condition, any portion of the road, shoulders or drainage that may be disturbed.

IF, AFTER SUFFICIENT TIME AS DETERMINED BY THE COMMISSIONER OF PUBLIC WORKS, OR THEIR REPRESENTATIVE, THE WORK TO BE PERFORMED UNDER THIS PERMIT IS NOT COMPLETED, SAID PERMIT SHALL BE CANCELLED AND THE DEPOSIT WILL BE FORFEITED.

(Owner / Applicant Signature) **(Title)** **(Date)**

(Address)

Permission is hereby granted to perform work enumerated above, subject to attached conditions and restriction. A Certified Check made payable to the ORANGE COUNTY COMMISSIONER OF FINANCE, is to be deposited as a guarantee that the work shall be completed in compliance with this permit and that the road will be restored to its original condition at the expense of the owner/applicant.



Signature: _____ Date: _____

For: COMMISSIONER OF PUBLIC WORKS

Signature: _____ Date: _____

OC DPW REVIEWER

OFFICIAL USE ONLY

Date Submitted _____	Temp. Patch Date _____	App. Ck.# _____
Date Issued _____	Temp. Patch Contractor _____	Insp. Ck.# _____
Start Date _____	Perm. Patch Date _____	Bond \$ _____
Expiration _____	Perm. Patch Contractor _____	

Reviewers Initial _____	Review Status: Closed	Pending	Public	Received	Technical
Date Reviewed _____	(circle one)	Decision	Hearing		Review

Decision Date _____	Decision: Approved	Conditional	Denied	Withdrawal
	(circle one)	Approval		

OWNER / APPLICANT SHALL FURNISH FULL INFORMATION AS TO THE NATURE OF THE WORK TO BE UNDERTAKEN, LOCATION, DETAILS OF STRUCTURE(S) INVOLVED, ETC., AND SHALL ATTACH A SKETCH SHOWING LOCATION AND AREA AFFECTED.

Two (2) original copies of this application are to be executed by Owner / Applicant with approving signatures. When approved by County Superintendent, one copy will be returned to Owner / Applicant.

A PROPERLY EXECUTED COPY OF THIS PERMIT MUST ALWAYS BE AVAILABLE ON THE WORK UNDERTAKEN, TO BE SUBMITTED TO THE ENGINEER AT HIS REQUEST.

Conditions and Restrictions

THE FORGOING PERMIT IS GRANTED SUBJECT TO THE FOLLOWING GENERAL CONDITIONS, AND SUBJECT TO THE "SPECIFICATIONS AND RESTRICTIONS GOVERNING WORK DONE UNDER PERMITS".

1. This permit shall not be assigned or transferred except with the written consent of the County Superintendent.
2. The work authorized by this permit shall be done to the complete satisfaction of the County Superintendent or his representative. In replacement of pavements, the Standard County Specifications therefore shall be followed.
3. Notice shall be given by said Application to the County Superintendent at least 48 hours in advance of the date when the work is to begin.
4. The Owner / Applicant hereby agrees to indemnify and save harmless the County and local Municipality from all suits, actions of damages of every kind whatsoever which may arise from or on account of the work to be done under this permit. General Liability Insurance for the protection of the Owner / Applicant and the County will be maintained in such an amount and in such company and in such case as the County Superintendent may require.
5. The Owner / Applicant agrees, in consideration of this permit, that any present or future injury to or disturbance of the road, its pavement, shoulders, its slopes or gutters, caused by the work proposed under this permit, shall be repaired by the Owner / Applicant at his/her own expense and to the complete satisfaction of the County Superintendent.
6. The County Superintendent reserves the right to revoke or cancel this permit at any time should the Owner / Applicant fail to comply with the terms and conditions herein prescribed.
7. Owner / Applicant's approved copy of this permit shall be in possession of the parties actually doing the work. It must be furnished on demand, to the County Superintendent or his representative.
8. This permit application is subject to such other consents as are required by law.
9. Traffic shall be maintained on this section of the road by the Owner / Applicant during the life of this permit.
10. The Owner / Applicant hereby certifies that he has secured compensation for the benefit of, and will keep insured during the performance of the above described work, such employees as are required to be insured by the provisions of Chapter 41 of the Laws of 1914 and Acts amendatory thereof, known as the Workmen's Compensation Law.
11. If necessity arises in future, because of this work on the highway, to make repairs pertaining to this permit, said work shall be done at the expense of the Owner / Applicant.

I HEREWITH AGREE TO THE ABOVE "CONDITIONS AND RESTRICTIONS"

DATE

(OWNER / APPLICANT)

DATE

(WITNESS)

Notification Procedure
Prior to Starting Work

Notice shall be given by said Owner / Applicant to the County D.P.W. Permit Office and the District Foreman's Office at least 48 hours in advance of the date when work is to begin.

Failure to comply with the notification procedure outlined above may result in revocation of your permit and forfeiture of all fees.

County Permit Office:
(845) 291-2761

Permit No.: _____

D.P.W. Districts:

Mt. Hope: (845) 386-6200

Newburgh: (845) 564-7390

Warwick: (845) 986-3761

I herewith agree to the above conditions.

Date

Owner / Applicant (please print)

Owner / Applicant Signature

FOR DEPOSITING PURPOSES PLEASE INDICATE BY CIRCLING BELOW WHO THE MONEY IS

TO BE DEPOSITED UNDER:

APPLICANT / OWNER (OR) CONTRACTOR

Be advised that the name and address on the Performance Deposit is required to match the name and address on the application

Schedule of Fees for Permits - Work within County R.O.W.

	Application Fee	Inspection Fee	Performance Deposit
Renewal After One Year	\$25.00	Original Inspection Fee	
Logging, Farm, or Temporary Entrances	\$25.00	\$100.00 for two inspections	\$1,000.00
Residential Driveways	\$25.00	\$100.00 minimum or 4% of construction cost, whichever is greater.	\$1,000.00 minimum & up (based on estimated construction cost within R.O.W.)
All Utility (Gas, Water, Sanitary, Storm Sewer, etc.) Crossings - Controlled Density Backfill Open Cut and/or Boring Perpendicular & Longitudinal to (across & along) Road, including restoration.	\$25.00	\$200.00 minimum and \$100.00 per day each day after 2 days.	\$2,500.00 minimum and up (based on estimated construction cost within R.O.W.)
Commercial Entrance	\$25.00	\$300.00 minimum or 4% of construction cost, whichever is greater.	\$3,000.00 minimum and up (based on estimated construction cost within R.O.W.)
Storm, Sanitary, Water along and on County Roads	\$25.00	\$2.00/ft Storm Drainage \$4.00/ft Sewer & Water	0' – 500' – \$10.00/ft 501' – 1000' – \$8.00/ft Over 1000' – \$6.00/ft
Subdivision Entrance with Appurtenances	\$25.00	\$250.00 minimum or 4% of construction cost, whichever is greater.	\$2,500.00 minimum and up (based on estimated construction cost within R.O.W.)
Utility Companies - using private contractor. Work along and on County Road	\$25.00	\$2.00/ft for Gas, Electric, Telephone, Cable	0' – 500' – \$5.00/ft 501' – 1000' – \$4.00/ft Over 1000' – \$3.00/ft
Municipal Authorities - using private contractor. Work along and on County Road.	\$25.00	\$2.00/ft Storm Drainage \$4.00/ft Sewer & Water	0' – 500' – \$10.00/ft 501' – 1000' – \$8.00/ft Over 1000' – \$6.00/ft
Municipal Authorities - using private contractor. Work along and on County Road for installation of Sidewalks & Curbs.	\$25.00	\$1.00/ft per Lineal Foot of sidewalk and/or curbing	\$3.00/ft per Lineal Foot of sidewalk and/or curbing

ALL fees shall be paid separately - payable to the **"Orange County Commissioner of Finance"**. **Performance Deposits and Inspection Fees are required to be a Bank Check, Certified Check or Money Order.**

Summary of Orange County Insurance Requirements:

Item Numbers 1-3: See the attached Sample Certificate of Insurance (Accord Form) for the required minimum limits and the language required for the Additional Insured and Certificate Holder Notes.

Item No. 4: The top portion of the page 8 provides a list of the appropriate acceptable forms for **Worker's Compensation** and the lower portion of page 8 provides the acceptable forms for **Disability Benefits**. *Please note that the Accord Form is no longer acceptable proof of NYS Workers' Compensation and Disability Benefits Insurance Coverage*

Part 1: Acceptable forms for Workers' Compensation: Provide one of the following.
C-105.2 or U-26.3 or GSI 105.2

Part 2: Acceptable forms for Disability Benefits: Provide one of the following.
DB 120.1 or DB-155

OR

Starting December 1, 2008, ONLY applicants eligible for **exemptions** must file a **new CE-200** for **each** and **every** new or renewed permit, license or contract issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that the legal entity name on Form CE-200 exactly matches the legal entity name that is applying for the permit, license or contract. Please also ensure that the applicant signs and dates Form CE-200.

Each CE-200 will have a certificate number printed on it. Form CE-200s may be verified on the Board's web site at www.wcb.state.ny.us.

The applicant attests under penalty of perjury that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, Board staff may investigate applicants filing Form CE-200.

**** Be sure to forward the following pages to your insurance company to ensure the proper insurance coverage to is submitted Orange County.**

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE MM/DD/YY

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 POLICIES BELOW.
	COMPANIES AFFORDING COVERAGE
INSURED	COMPANY A
	COMPANY B
	COMPANY C
	COMPANY D

COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY 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 HERIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ITEM 1

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNER & CONTRACTOR'S PROT <input type="checkbox"/> _____				GENERAL AGGREGATE \$ 1,000,000.00 PRODUCTS-COMP/OP AGG \$ 1,000,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 EACH OCCURRENCE \$ 1,000,000.00 FIRE DAMAGE Any one fire \$ 50,000.00 MED EXP Any one person \$ 5,000.00
	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"/> _____				COMBINED SINGLE LIMIT \$ - BODILY INJURY Per person: \$ - BODILY INJURY Per accident: \$ - PROPERTY DAMAGE \$ -
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY-EACH ACCIDENT \$ - OTHER THAN AUTO ONLY \$ - EACH ACCIDENT \$ - AGGREGATE \$ -
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ - AGGREGATE \$ - \$ -
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$ - EL DISEASE-POLICY LIMIT \$ - EL DISEASE-EA EMPLOYEE \$ -
	OTHER				

SAMPLE
 OR AN EQUIVALENT FORM APPROVED
 BY O.C.D.P.W. AND RISK MANAGEMENT

ITEM 2

DESCRIPTION OF OPERATIONS; LOCATIONS; VEHICLES; SPECIAL ITEMS

Orange County, 255-275 Main St., Goshen, N.Y. 10924 is named as an additional insured with respect to work performed by the insured.

ITEM 3

CERTIFICATE HOLDER County of Orange c/o Department of Public Works P.O. Box 509, 2455-2459 Route 17M Goshen, New York 10924	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES
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Item No. 4: Workers Compensation and Disability Benefits

PART 1:

WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

- A) **C-105.2** -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the **U-26.3**; **OR**
- B) **GSI-105.2** -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request), **OR** Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

PART 2:

DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the entity issuing the permit or entering into a contract:

- A) **DB-120.1** -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**
- B) **DB-155** -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

INSTRUCTIONS FOR OBTAINING FORM CE-200

The CE-200 is now an on-line application. Please remember that applicants are submitting the CE-200 under penalty of perjury, a felony carrying a penalty of four years jail time. Accordingly, all statements on the CE-200 must be true.

Applicants may access the CE-200 application on the Board's Website: www.wcb.ny.gov

1. Click on the button entitled "WC/WB Exemption Forms CE-200" (In bright yellow letters).
2. Click on the Request for WC/WB Exemption (Form CE-200).
3. Click the gray button on the bottom (Select to access web –based Application).
4. Applicants should create their own PIN number.
5. Follow the rest of the prompts.

It should take about 5 minutes to fill out the first time. **Applicants are required to print, sign and date Form CE-200 and send it to the Government Agency issuing their permit, license, or contract from.**

If the applicant is having difficulty in printing the CE-200, please call the Board's CE-200 Hotline at 866-546-9322, then press 1, and then press 3 and leave a voice message with the certificate number, the name of the business and a contact number. The CE-200 will be sent to the business address on the CE-200 within one business day.



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

This form cannot be used to waive the workers' compensation rights or obligations of any party.

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p align="center">In the Application of (Legal Entity Name and Address):</p> <p>JOHN SMITH 123 MAIN STREET ALBANY, NY 12207 111-111-1111 Federal ID Number: XXXXX6789</p>	<p align="center">Business Applying For: BUILDING PERMIT</p> <p align="center">From: CITY OF ALBANY, DEPT OF BUILDING AND CODES</p> <p>The location of where work will be performed is 123 ACME AVENUE, ALBANY, NY 12203. Estimated dates necessary to complete work associated with the building permit are from October 14, 2008 to March 31, 2009. The estimated dollar amount of project is \$25,001 - \$50,000</p>
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Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefit Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature:	Date:
<p>Exemption Certificate Number 2008-00197</p> 		<p>Received October 2, 2008 NYS Workers' Compensation Board</p> 