



ROAD OPENING PERMIT APPLICATION

Applicant's Name: _____ Phone: _____
(Owner or Agent of Company)

Address: _____

Resident's Name (customer for which work is being done): _____

Resident's Property Address: _____

Reason for Road Opening - Check all that Apply:

- Repair R.O.W. Disturbance Drainage Connection Utility Connection
 Curb Cut Road Pavement Opening Other: _____

I request permission to(check one)_____ open, _____ (re)construct the N/ S/ E/ W/ middle side of
(Circle One)

_____ (Name of Road)
at a distance of _____ feet N/ S/ E/ W of _____
(Circle One) (Nearest Intersection)

Location Diagram attached

ROAD/R.O.W. OPENING:

Contractor: _____
Address: _____
Phone: _____
License (No. & Type) _____

ROAD PAVEMENT RESTORATION:

Contractor: _____
Address: _____
Phone: _____
License (No. &Type) _____

I certify that this work will comply with the NYS Roadway Excavation Quality Assurance Act. If vendors or subcontractors are to be used on any portion of the covered excavation work for which a permit is sought, a copy of the agreement confirming the payment of prevailing wages to the vendor or subcontractor must be attached.

I agree to abide by Village Zoning & Building Ordinances, standards and specific conditions of this permit and other applicable laws while working within the Village of East Hills.

Signature: _____ Title: _____ Date: _____

Fee: \$250.00 per opening and/or trench
Deposit: \$1,000.00 up to 100 sq. ft. For areas which exceed 100 sq.ft., \$1,000 plus \$250.00 for each additional 100 sq. ft. or part thereof.

*****Must Notify Village of East Hills DPW 48 Hours Prior to Beginning Restoration Work**

For Office Use	
Permit # _____	Receipt # _____
Restoration Inspected by: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Signature: _____	Date of Inspection: _____
Cost of Pavement Replacement \$ _____	Paid by Claim # _____ Amount \$ _____ Date _____
Amount of Deposit Returned to Applicant \$ _____	Date Paid _____