

PERMIT # _____

CITY OF LOCKPORT
DEPARTMENT OF PUBLIC WORKS
APPLICATION FOR STREET OPENINGS

TO: City Engineer
City of Lockport, New York

Application is hereby made by the undersigned _____

Whose residence or principal place of business is located at _____

_____ To _____

On or across a City thoroughfare, located at _____

In accordance with details of work and pursuant to the conditions and regulations, whether general or special, which are hereto attached or hereinafter set forth; all forming a part hereof. This applicant will obtain any other consents or permits that may be necessary to accomplish the purposes set forth herein. We have on file with the Department of Public Works, Public Liability Insurance.

Policy No: _____ which expires _____

Dated: _____

Name of Applicant

By: _____

Title of signed by representative

Recommended: _____

PERMIT FOR WATER / SEWER SERVICE INVOLVING STREET OPENING

Permission is hereby granted to: _____

Whose residence or principal place of business is at _____

_____ to proceed as set forth and

represented in the foregoing application and at the particular location described therein, in _____ accordance with

details of work hereto attached and pursuant to Local Law No. 1 for the year 1962, and to any special conditions which are hereinafter set forth; all forming a part hereof, to wit:

SPECIAL CONDITIONS

DATED: _____ N.Y. this _____ day of _____

City Engineer
By: _____

Supervisor of Highways & Parks Dept.
By: _____

In consideration of the granting of the within permit, the undersigned hereby accepts the same, subject to the restrictions and regulations therein described.
Dated this _____ day of _____

Signature of Applicant

By: _____
Title if signed by representative



Inspected for compliance with Plumbing code and Regulations and conditions set forth in permit, and for compliance with regulations affecting sewers.

Plumbing Inspector

Inspected for compliance with regulations affecting streets.

Supervisor of Highways & Parks Dept.

EXCAVATION NOTIFICATION RECORD

Permit No. _____

Date _____ By _____

Excavator _____

Address _____

Telephone _____ Cell Phone _____

Notified By _____

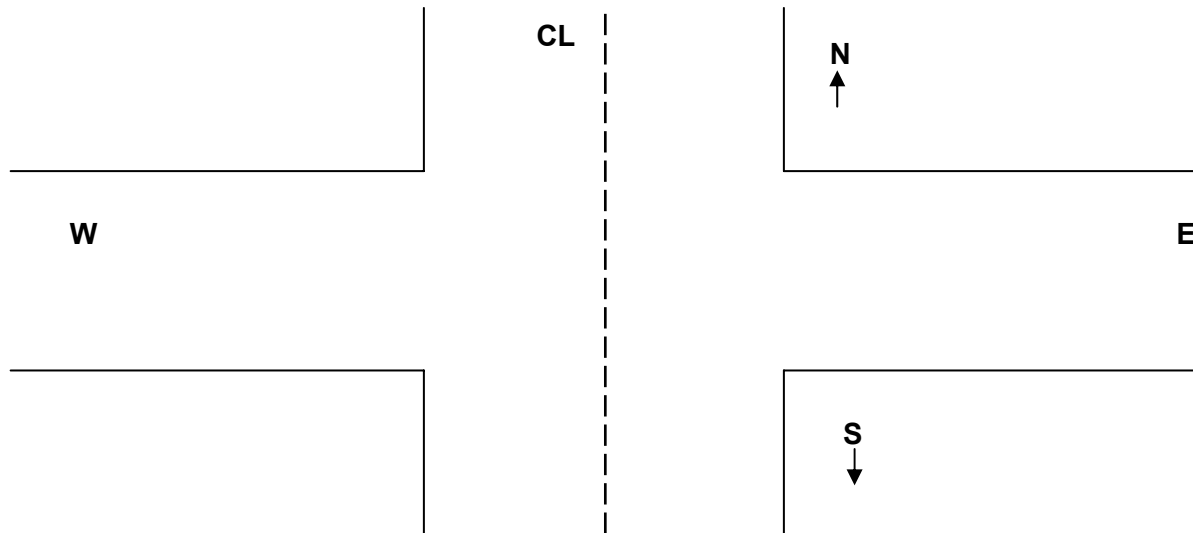
Policy No. _____ Expiration Date _____

Field Representative _____

Date & Time of proposed excavation or demolition _____

Job Description _____

Location of excavation (address-side of street-distance from curb or CL)



Method of excavation or demolition _____

Use of explosives _____ Yes _____ No

Departments Notified

_____ Engineering _____ Inspection

_____ Streets _____ Fire Dept.

_____ Sewer _____ Water

Utility Marked _____ Yes _____ No