



Construction Permit No.

- **Applicant:** Please print or type. Read and complete Sections I through V.
- **Division Permit Coordinator:** Forward completed application to HQ Permit Coordinator.

(Check one) <input type="checkbox"/> Individual <input type="checkbox"/> Municipality <input type="checkbox"/> Utility <input type="checkbox"/> Business/Corporation <input type="checkbox"/> Public Agency <input type="checkbox"/> Not for Profit		<input type="checkbox"/> New <input type="checkbox"/> Amended	
Name		Federal ID No.	
Street Address		P.O. Box	
Town/Village/City	State	Zip Code -	
E-mail Address			
Contact Person Name	Phone No. () -	Ext.	Fax No. () -
E-mail Address			

LOCATION OF FACILITY (check all that apply) <input type="checkbox"/> Underground <input type="checkbox"/> Aerial Depth in inches _____ <input type="checkbox"/> Surface <input type="checkbox"/> Bridge Attachment Orientation (Check one or both) <input type="checkbox"/> Longitudinal <input type="checkbox"/> Transverse - Offset from bridge or cross street _____ feet		MILEPOST BOUNDARY (if known) Beginning Milepost No. _____ If longitudinal, include ending Milepost No. _____ Direction of travel (N/S/E/W) _____ GPS Coordinates (if known) _____		IF APPLICABLE, CHECK ONE <input type="checkbox"/> Master agreement/permit <input type="checkbox"/> Co-locate agreement <input type="checkbox"/> Utility agreement
TYPE AND SIZE OF FACILITY (check one and enter size if known) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Water Mains _____ <input type="checkbox"/> Telephone _____ <input type="checkbox"/> Fiber Optic _____ <input type="checkbox"/> Drainage _____ </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Gas Mains _____ <input type="checkbox"/> Cable Television _____ <input type="checkbox"/> Parking _____ <input type="checkbox"/> Building Structure _____ </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Sewers _____ <input type="checkbox"/> Electric _____ voltage <input type="checkbox"/> Storage _____ <input type="checkbox"/> Communications Tower _____ </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Other (please describe) <input type="checkbox"/> Communications Tower/Co-Locate _____ </div>				
PURPOSE OF PERMIT (please provide brief description and location) <hr/> <hr/> <hr/> <hr/>				

<p>Has a SEQRA determination been made?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If yes, please provide supporting information (by whom, when, etc.)</p> <p>_____</p> <p>_____</p>	<p>Type of insurance furnished:</p> <p><input type="checkbox"/> ACORD 25 Certificate of Liability Insurance & Supplemental Insurance Certificate (TA-W51343-9)</p> <p><input type="checkbox"/> Undertaking Effective Date _____</p> <p><input type="checkbox"/> Duplicate Policy No. _____</p> <p>Effective Date _____</p> <p><input type="checkbox"/> Performance Bond</p> <p><input type="checkbox"/> Other</p>
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OCCUPANCY PERMIT APPLICATION

Section V Read Thoroughly Before Signing - Applicant Affirmation/Certification

Application is hereby made by the undersigned for issuance of a permit. I understand and agree that permits are revocable unilaterally by the Thruway Authority (Authority). Therefore, I understand and agree that if granted a permit: I will maintain all installations so permitted subject to the risk of having to relocate or remove such installations at my sole expense, in accordance with the directions of the Authority; I am responsible to reimburse the Authority for any surveys, appraisals and/or any other necessary expenses incurred by the Authority as a result of such permit; and I am solely responsible for obtaining any other consents or permits that may be necessary to accomplish the purposes of such permit.

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.

Dated this _____ day of _____, 20 ____.

Print Name of Applicant

Signature

Title (if applicable)

Section VI Submit Application to the Appropriate Thruway Authority Division Permit Coordinator

<u>DIVISION</u>	<u>HIGHWAY SECTIONS</u>	<u>DIVISION MILEPOST LIMITS</u>
New York	New York (Mainline) <ul style="list-style-type: none">• 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) <ul style="list-style-type: none">• Berkshire Section	76.50 - 197.90 B 0.00 - B 24.28
Syracuse	Syracuse (Mainline)	197.90 - 350.60
Buffalo	Buffalo (Mainline) <ul style="list-style-type: none">• 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

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) 635-6253
Fax: (716) 626-5362

Overnight mail address:
Route 9W, Interchange 23
Bldg. 1
Albany, NY 12209

* 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.

OCCUPANCY PERMIT SUPPORTING DOCUMENTATION LIST

Please review the THRUWAY AUTHORITY OCCUPANCY AND WORK PERMIT ACCOMMODATION GUIDELINES (TAP-401) which is available on the Authority's web page or by request prior to submitting your application.

In order for the Authority to formally consider your application, the forms listed below must be completed and submitted as part of the application.

FORMS THAT MUST BE COMPLETED AND SUBMITTED: (available from Division Permit Coordinator or from the Authority's website at www.nysthruway.gov)

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|-----------|---|
| TA-W41337 | Occupancy Permit Application - Pages 1 - 3
(Original form ONLY will be accepted; read and complete the applicant sections listed on the permit) |
| ACORD 25 | Certificate of Liability Insurance
(Available from your insurance agent; original form ONLY will be accepted) |

SUPPORTING DOCUMENTS:

Supporting documents, as listed below, may be required. The Permit Coordinator for the Division in which you are applying for occupancy should be contacted to determine what additional supporting documents 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
- ☐ 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 _____

FEES:

Application Fee: \$750 (minimum, non-refundable)

Amendment Fee: Nominal (name/address change)	\$ 25
(per permit) Moderate (routine engineering/administrative review)	\$250
Comprehensive (extensive engineering/administrative review)	\$500

Annual Fee: The Authority reserves the right to charge annual fees in accordance with the Authority's Fee Policy for Occupancy and Work Permits. Contact the Division Permit Coordinator for details.

MAKE CHECKS PAYABLE TO: "NEW YORK STATE THRUWAY AUTHORITY"

Please be sure to include all required forms and any required supporting documents.
These items must accompany this Application for processing.

Application Fee	\$
Annual Fee	\$
Other	\$
Total Fees	\$

Submit forms, fees and information to appropriate Division Permit Coordinator address listed in Section VI.