



Inc. Village of New Hyde Park

1420 Jericho Turnpike • New Hyde Park, NY 11040-4684

Tel.: (516) 354-0022 • Fax: (516) 354-6004

Website: www.vnhp.org

INSTRUCTIONS FOR ROAD CLOSURE APPLICATION

1. APPLICANT/CONTRACTOR SHALL FILL OUT FORM IN ITS ENTIRETY. ANY INCOMPLETE/MISSING INFORMATION WILL NOT BE ACCEPTED. SUBMIT FOUR (4) COPIES OF APPLICATION.
2. CONTRACTOR MUST LIST CLOSURE START DATE, COMPLETION DATE AND DAILY START/COMPLETION TIMES.
3. SIGNATURE/NOTARY OF APPLICATION CONSTITUTES, APPLICANT/CONTRACTOR SHALL COMPLY WITH ALL REGULATIONS ACCORDINGLY. ANY FAILURE OF NON-COMPLIANCE, SHALL CONSTITUTE PERMIT NULL/VOID OR REVOKED ALONG WITH A STOP WORK ORDER AND FINES ACCORDINGLY.
4. APPLICANT/CONTRACTOR ALSO AGREES TO NOTIFY BUSINESS OWNER'S AND RESIDENT'S OF EFFECTED CLOSURE OF CLOSURE START TIMES AND DATES VIA COMPANY LETTER HEAD TO AFFECTED PARTIES. AFFECTED NEIGHBORS MUST BE NOTIFIED PRIOR TO COMMENCEMENT OF WORK.
5. APPLICANT/CONTRACTOR MUST ALSO NOTIFY THE NEW HYDE PARK FIRE DISTRICT AT NUMBER INDICATED ON FORM.
6. A COPY OF THIS APPLICATION WILL ALSO BE SUBMITTED TO THE NASSAU COUNTY POLICE PRECINCT COVERING THE LOCATION AFFECTED AS WILL SERVE AS NOTICE OF SAID CLOSURE.
7. APPLICATION FEE IS \$300 PER DAY OF CLOSURE AND FULL APPLICATION FEE MUST BE SUBMITTED.
8. APPROVAL IS NOT VALID UNLESS SIGNED/DATED BY BOTH SUPERINTENDENT OF DEPARTMENT OF PUBLIC WORKS AND SUPERINTENDENT OF BUILDINGS.



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(TO BE SUBMITTED IN QUADRUPLE)

<p>TYPE OF WORK: (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> FULL ROAD CLOSURE <input type="checkbox"/> PARTIAL ROAD CLOSURE</p> <p><input type="checkbox"/> UTILITY INSTALLATION <input type="checkbox"/> OTHER</p> <p><input type="checkbox"/> WATER <input type="checkbox"/> ELECTRIC _____</p> <p><input type="checkbox"/> SEWER <input type="checkbox"/> GAS _____</p>	<p>MAINTAIN: (IF YES, FEE IS DOUBLE NORMAL PERMIT FEE)</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
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SCOPE OF WORK:	TYPE OF PAVEMENT: 1. ROADWAY _____ 2. SIDEWALK: _____
	STREET NAME: _____ BETWEEN (CROSS-STREET 1): _____
	BETWEEN (CROSS-STREET 2): _____
	CLOSURE START DATE: _____ CLOSURE COMPLETION DATE: _____
	DAILY CLOSURE START TIME: _____ DAILY CLOSURE COMPLETION TIME: _____

APPLICANT INFORMATION:	FIRST NAME: _____ LAST NAME: _____
(IF DIFFERENT FROM	COMPANY NAME: _____
CONTRACTOR)	ADDRESS: _____
	PHONE NO.: _____ CELL PHONE NO.: _____
	EMAIL: _____

CONTRACTOR:	FIRST NAME: _____ LAST NAME: _____
	COMPANY NAME: _____
	ADDRESS: _____
	PHONE NO.: _____ CELL PHONE NO.: _____
	EMAIL: _____ NC LICENSE NO.: _____

PLEASE NOTE: IF STREET AND/OR SIDEWALK IS BEING CLOSED AS PART OF THIS APPLICATION THEN CONTRACTOR MUST FOLLOW SAFETY GUIDELINES AND PROCEDURES IN COMPLIANCE WITH NEW YORK STATE DOT STANDARDS AND REGULATIONS, AS WELL AS THE NATIONAL MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES.

THE INCORPORATED OF VILLAGE OF NEW HYDE PARK SHALL NOT BE HELD LIABLE FOR FAILURE TO COMPLY, CONTRACTOR MAY BE LIABLE FOR ANY DAMAGES THAT MAY ARISE FROM ANY WORK AREA KEPT IN AN UNSAFE MANNER OR NOT IN COMPLIANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS AND STANDARDS.

APPLICATION APPROVAL IS ON THE CONDITION THAT CONTRACTOR/APPLICANT SHALL ALSO SUBMIT NOTIFICATION LETTERS TO ALL BUSINESS AND OWNER'S OF PROPERTIES THAT ARE AFFECTED BY SAID CLOSURE. FAILURE TO DO SO WILL CONSTITUTE A VIOLATION OF SAID APPROVAL. ALL VIOLATIONS MAYBE SUBJECT TO REVOCATION OF PERMIT AND OR FINES/SUMMONS.

CONTRACTOR/APPLICANT MUST CALL THE NEW HYDE PARK FIRE DISTRICT: M-F FROM 8AM-5PM AT 516-437-1349 WITHIN 24 HOURS OF ISSUANCE OF ROAD CLOSURE PERMIT TO NOTIFY DISTRICT ACCORDINGLY.

PLEASE BE NOTIFIED THAT A COPY OF THIS APPROVED ROAD CLOSURE PERMIT WILL BE SENT TO THE NASSAU COUNTY POLICE DEPARTMENT AS NOTIFICATION.



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APPLICANT/CONTRACTOR AUTHORIZATION

State of New York

County of Nassau

Applicant/Contractor -Please Print

Applicant/Contractor deposes and says that he/she resides at _____

in the State of _____, that he/she is the (owner/presiding officer/agent of)

_____ (Name of Company/Organization).

I/we agree to comply with all regulations in accordance with the approved application. I further understand that failure to comply shall constitute a violation of approval.

Signature of Applicant/Contractor: _____

Sworn to me this _____ day of _____ 20_____

Signature of Notary Public _____

OFFICIAL USE ONLY- INVALID WITHOUT SUPERINTENDENT OF DPW & BUILDING SIGNATURE

Approved By:

Superintendent of DPW

Date

Approved By:

Superintendent of Buildings

Date



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		<input type="checkbox"/> WATER <input type="checkbox"/> ELECTRIC	_____
		<input type="checkbox"/> SEWER <input type="checkbox"/> GAS	_____

MAINTAIN: (IF YES, FEE IS DOUBLE NORMAL PERMIT FEE)	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

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