

City of Schenectady Department of Engineering

Room 205, City Hall, 105 Jay Street
Schenectady, New York 12305-1938
Office (518) 382-5082 Fax (518) 382-1050

Office Use Only				
Application No.:	_____			
Permit No.:	_____			
Date Issued:	_____			
Liability Insurance	Attached:	<input type="checkbox"/>	On File:	<input type="checkbox"/>

REVOCABLE PERMIT

Instruction:

This application shall be completed in full, either typed or printed **clearly** in ink, and filed with the City of Schenectady Department of Engineering, at the above address.

Description:

This application shall be used when a property owner or their representative install or places an object in City right-of-way, such as signs, planters, etc. All required information for the object placed in City right-of-way can be found herein and/or within the City of Schenectady's Municipal Code Section [§264-63: Zoning Signs](#), [§228-10: Encroaching Structures and Articles](#). This Permit shall be allowed for as long as the insurance is still in place and require a fee of **\$100.00** to be paid in Room 100, City Hall 105 Jay Street, Schenectady, NY 12305.

Any work or obstructions within the City Right-of-way shall require submission of current liability insurance naming the City as additionally insured.

Before any excavation always call Dig Safely New - Call **811**

Part I: General Information

1. Item Information

- a. Permit Address _____
- b. Name Permit to be issued to:(Owner/Business/etc.) _____
- c. Object type _____

2. Applicant's Information

- a. Applicant's Name: _____
- b. Street Address: _____
- c. City, State, ZIP: _____
- d. Telephone No.: _____
- e. Fax No.: _____
- f. Emergency Name 24/7: _____
- g. Emergency Phone #: _____

Signature:

Date:

Procedures for a Revocable Permit

1. Approval of structure and size of the item to be placed in the City right-of-way from Code Enforcement and from Zone. (Please note that the Engineering Dept. will need to have a copy of the approval letter you receive from the Planning Commission¹ and, if in a historic area, from the Historic Commission².)
2. Revocable Permit Application (with all of the required information complete), Revocable Permit Application Sketch (please note that plans, detail sheets can be used, please write "see attached" on the sketch and attach the plans/detail to the packet) and any other attachments should be turned into the Department of Engineering NO LATER THAN the Wednesday before Council's Committee Meeting³ in order to be presented at the Council Meeting⁴.

On the sketch:

- a. Use the left side of the sketch as the face of the building to show the position of the item in the right-of-way in relation to the building.
 - b. If no sketch of the item is available, you must show the dimensions of the item on the sketch (i.e. height, width, depth).
 - c. If item is an awning or a sign, please attach a picture or artistic rendering of how it will be attached to the building including dimensions and overhangs.
 - d. Show measurement of the ground clearance for any sign or awning.
 - e. Show measurement from the curb to the face of the building.
3. In order to receiving a revocable permit, the City must be furnished with a Certificate of Liability Insurance (limits as shown on sample) that names the City of Schenectady as additionally insured. Please note that the City requires this insurance to be in place for as long as the item is in the right-of-way and a new certificate must be furnished every year before the old certificate expires.
 4. Once Council has approved the issuance of the revocable permit, been signed by the City Engineer and Corporation Counsel, the permit (in the form of a sticker) will be issued upon receipt of payment of \$100.
 5. This permit is only for the item to be placed in the city right-of-way. You will still need to check with Code Enforcement to see if a Building Permit or Electrical Permit is required.
 6. Because the Revocable Permit is a PAPER sticker and is to be placed on a front of the building, it should be taped on the inside of the window to lessen weatherization.

1 The Planning Commission meets on the third Wednesday of every month.

2 The Historic Commission meets on the third Monday of every month.

3 Council's Committee meetings are held on the first and third Monday of every month (except for holidays).

4 Council meetings are held on the second and fourth Monday of every month (except for holidays).

PART II PERMIT APPLICATION SKETCH
SAMPLE

Applicant: _____

Work Site Address: _____

Is there alternate side parking on street:

Yes

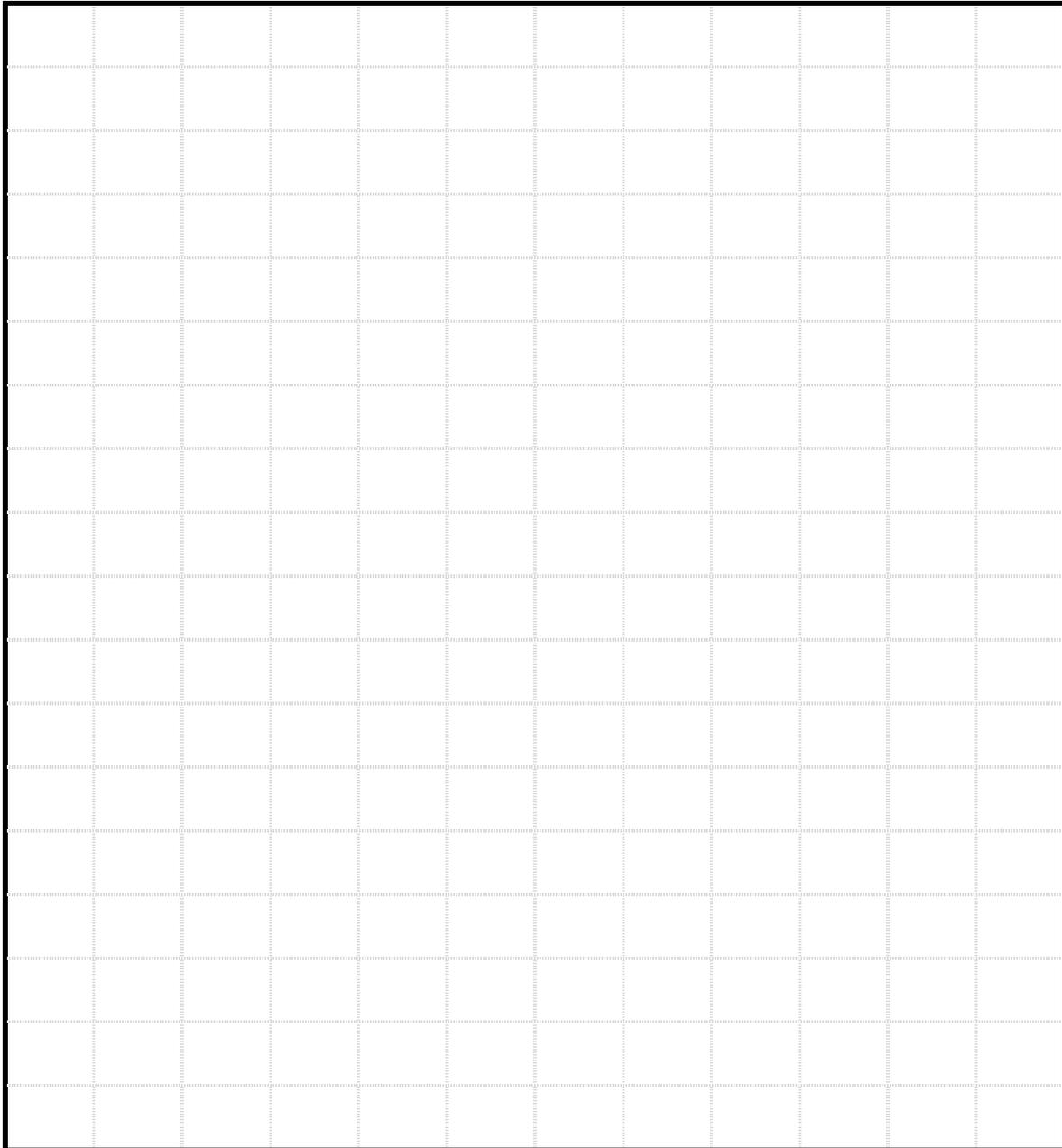
No

Phone No.: _____

Fee: _____

Date: _____

LOCATION OF WORK



PART II PERMIT APPLICATION SKETCH
SAMPLE

Applicant: JOHN SMITH

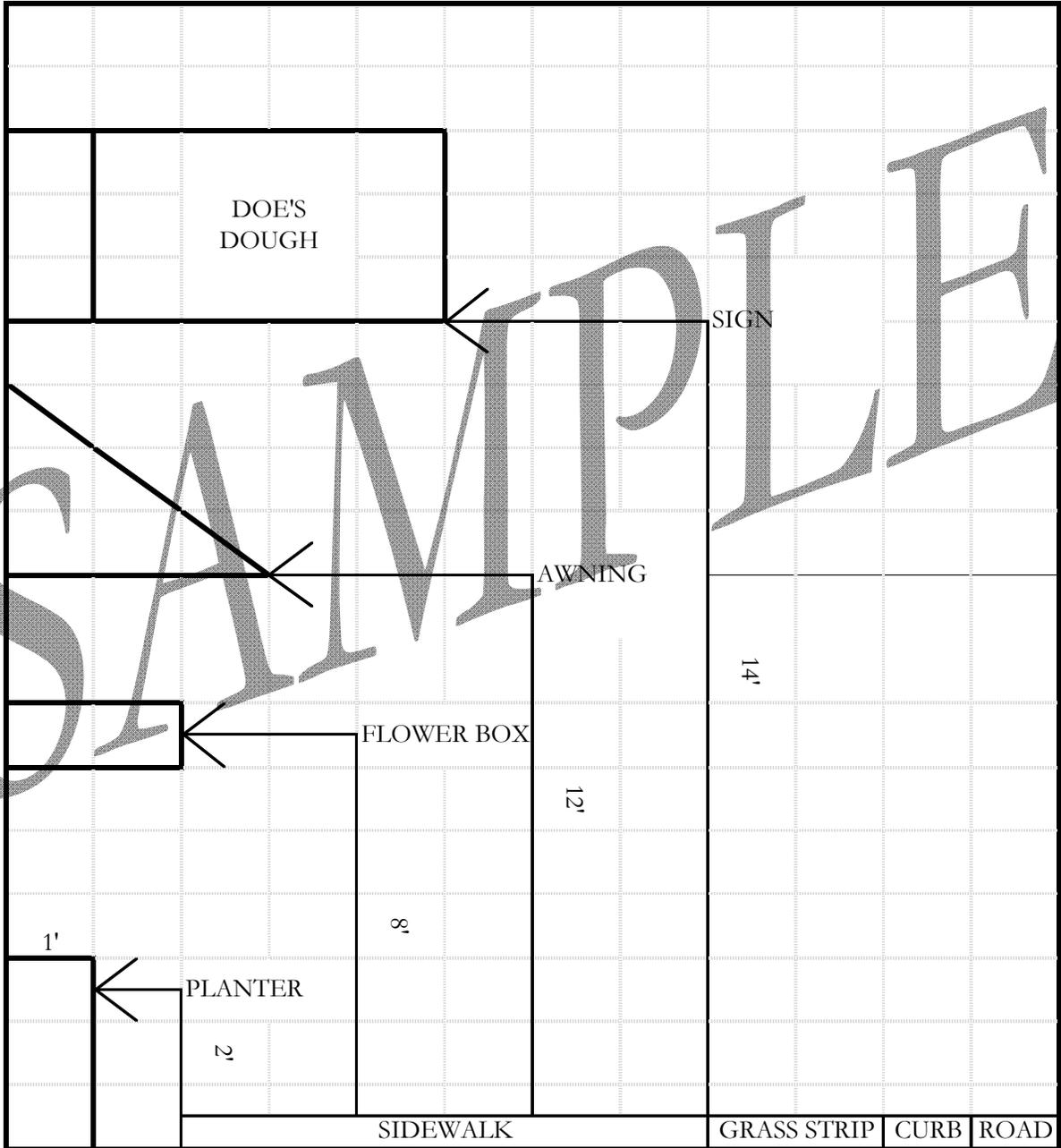
Work Site Address: 123 STATE STREET

Is there alternate side parking on street: Yes No

Phone No.: (518) 123-4567 Fee: \$100.00

Date: 6/10/2014

LOCATION OF WORK



ACORD TM.	CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 09 13 2004
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PRODUCER INSURED JOHN & JANE DOE 000 ANY STREET ANY TOWN, ANY STATE 00000	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 POLICES BELOW. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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COVERAGES

THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMES ABOVE FOR THE POLY 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICES. AGGREGATES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION	LIMITS												
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRODUCT <input type="checkbox"/> LOC	SAMPLE			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000.00</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td style="text-align: right;">\$ -</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ -</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ -</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000.00</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$ -</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000.00	FIRE DAMAGE (Any one fire)	\$ -	MED EXP (Any one person)	\$ -	PERSONAL & ADV INJURY	\$ -	GENERAL AGGREGATE	\$ 2,000,000.00	PRODUCTS-COMP/OP AGG	\$ -
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A	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"/>	SAMPLE			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Each accident)</td><td style="text-align: right;">\$ -</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$ -</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$ -</td></tr> <tr><td>PROPERTY DAMAGE (per accident)</td><td style="text-align: right;">\$ 500,000.00</td></tr> </table>	COMBINED SINGLE LIMIT (Each accident)	\$ -	BODILY INJURY (Per person)	\$ -	BODILY INJURY (Per person)	\$ -	PROPERTY DAMAGE (per accident)	\$ 500,000.00				
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	SAMPLE			<input type="checkbox"/> WO STATU- <input type="checkbox"/> OTHER TORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
THE CITY OF SCHENECTADY IS ADDITIONALLY INSURED

CERTIFICATE HOLDER City of Schenectady 105 Jay St, Room #205 NY 12305	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVE. AUTHORIZED REPRESENTATIVE
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