

**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"/> |

DUMPSTER 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 is placing a dumpster or other obstruction within the City Right-of-way. All required information for the obstruction of City Right-of-way can be found herein and/or within the City of Schenectady's Municipal Code Section [§161-4 - Preparation and Disposal of Solid Waste](#). This Permit shall be allowed for a maximum of 10 days and require a fee of **\$25.00** 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 liability insurance naming the City as additionally insured under the place held by the person(s) apply for permit.

Part I: General Information

1. Work Zone Address: _____
2. Start Date and Time: _____
3. Total Days Required: _____
4. Applicant's Information
 - a. Applicant's Name: _____
 - b. Street Address: _____
 - c. City, State, ZIP: _____
 - d. Telephone No.: _____
 - e. Emergency Name 24/7: _____
 - f. Emergency Phone #: _____

Signature: _____

Date: _____

PART II PERMIT APPLICATION SKETCH
SAMPLE

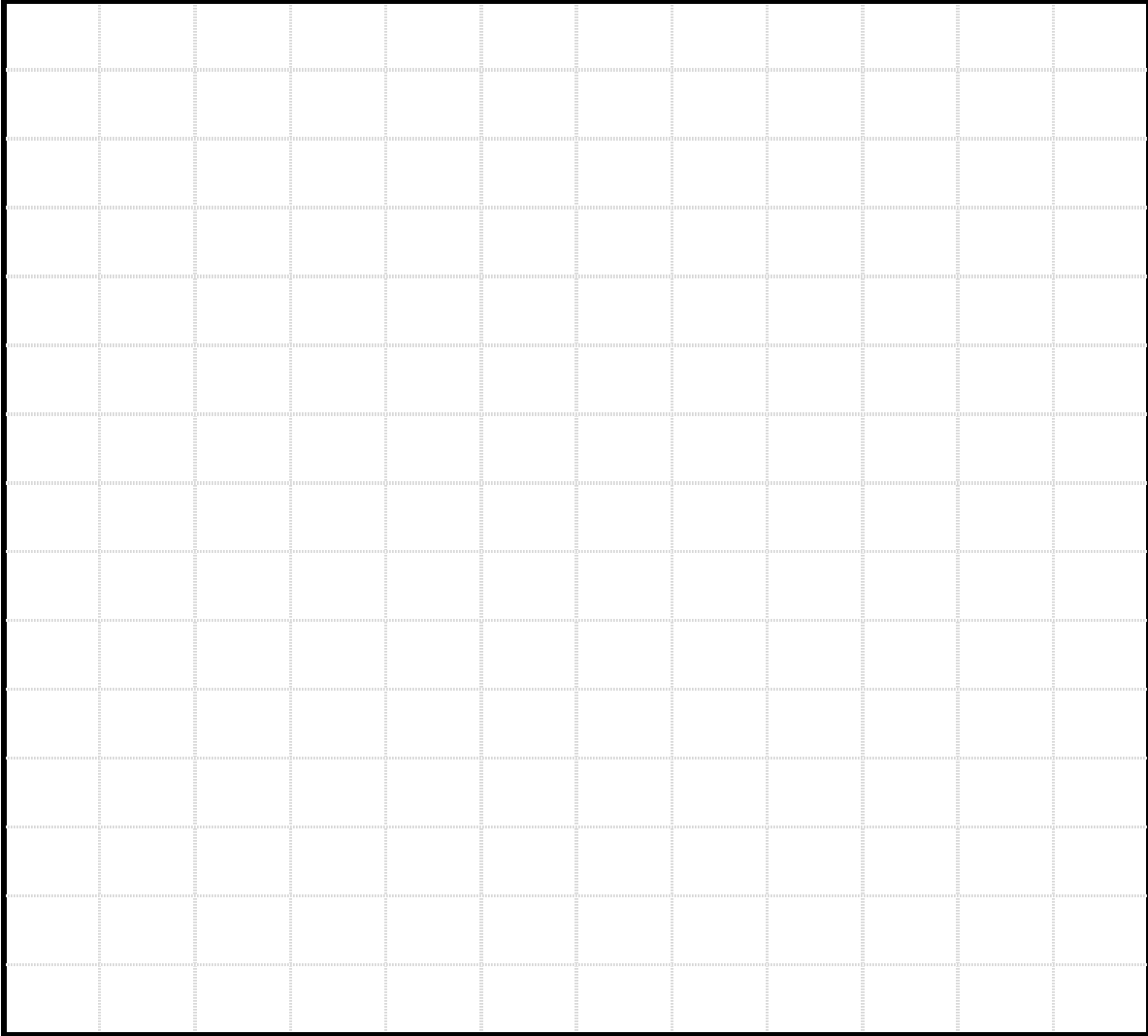
Applicant: _____

Work Site Address: _____

Is there alternate side parking on street: Yes No

Notes/Comments: _____

LOCATION OF WORK



INFORMATION

- If you can fit the dumpster onto your property **WITHOUT** blocking the sidewalk, then you **DO NOT NEED A PERMIT.**
- During the winter, these rules are subject to change due to weather.
- **THERE MAY BE CONDITIONS PLACED ON YOUR PERMIT**
- Permit approval process can take between **36-48** hours due to coordination with additional departments

PART II PERMIT APPLICATION SKETCH
SAMPLE

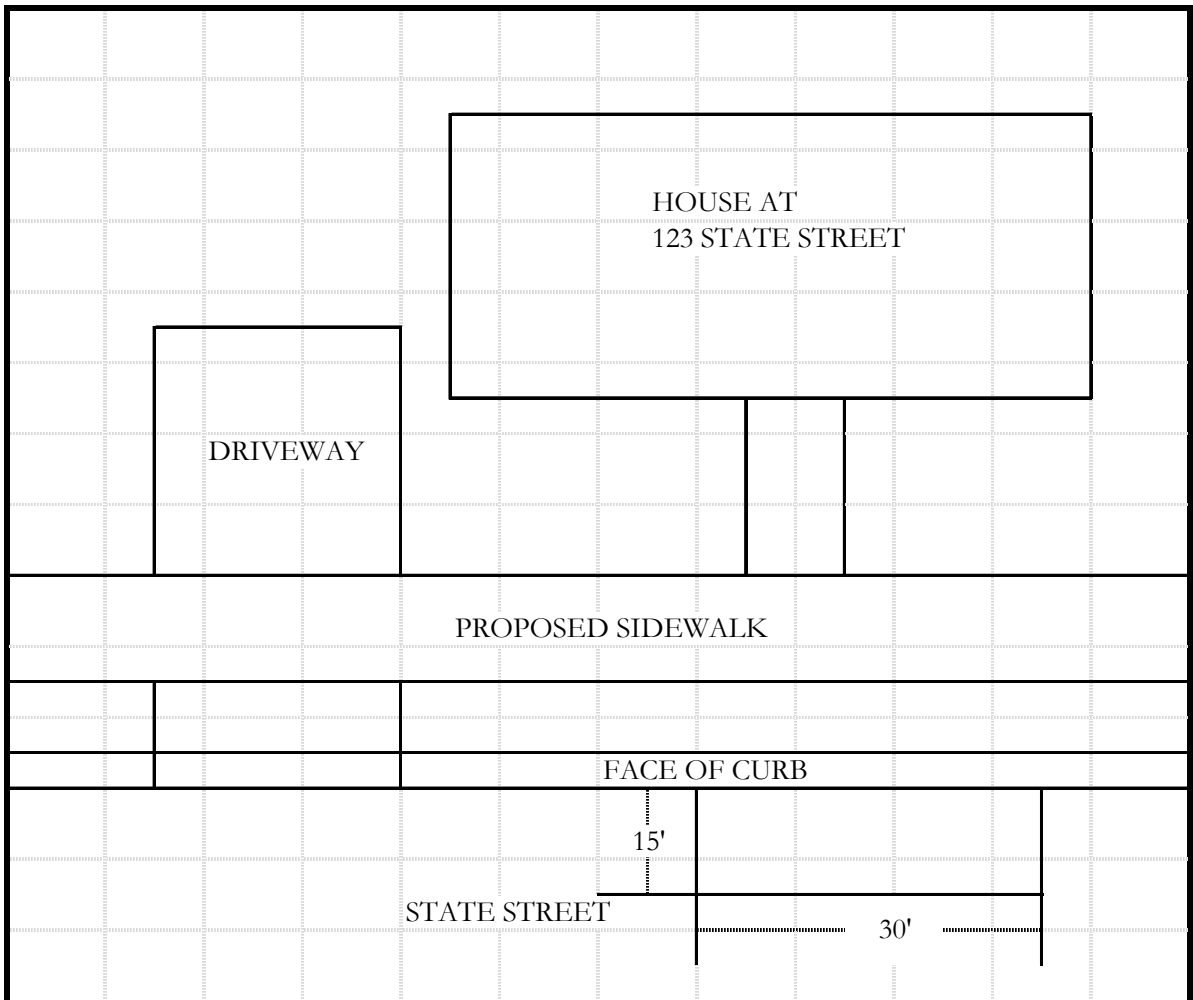
Applicant: JOHN SMITH

Work Site Address: 123 STATE STREET

Is there alternate side parking on street: Yes No

Notes/Comments: Replace 50 feet of sidewalk in front of 123 State St per City Specifications
Closest Utility pole NG-45 in front of 125 State Street.

LOCATION OF WORK



INFORMATION

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Part III: Signature of Understanding

If, these permit conditions, including final restoration are not completed within the required length of time the undersigned must reapply for all applicable permits and pay all associated fees.

Any person, company, or business entity found not in compliance with this permit shall be subject to immediate revocation of permit privileges for the job being performed and suspension of all future work privileges until the job is brought into compliance. A stop-work order can be issued and recovery of the cost of materials, labor and inspection fees at prevailing rates can be charged to the undersigned to bring the job into compliance including forfeiture of any permit fee and/or deposit. In addition, for violation of the City of Schenectady Code section § 151, the undersigned will be guilty of a misdemeanor punishable by a fine not to exceed \$1,000 and/or 15 days in jail.

I, the undersigned, understand that the permit which may be issued pursuant to this application is done on the basis that all of the representations made on this permit application are true and accurate.

I understand that if any of the information given on this permit form is found to be untrue or inaccurate, or if the work initiated pursuant to a permit granted based on the representations made on this application, then the permit may be revoked without notice to myself, the contractor, or any other party.

I have read and understand all the provisions of the permit and shall comply with said requirements.

Applicant's Signature

Date

Applicant's Name (Please Print)

| | | | |
|---|--|--|---------------------------------|
| ACORD TM. | | CERTIFICATE OF LIABILITY INSURANCE | DATE (MM/DD/YYYY) 09 13 2004 |
| PRODUCER | | 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. | |
| INSURED JOHN & JANE DOE 000 ANY STREET ANY TOWN, ANY STATE 00000 | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: | |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSL. LITE | 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 | | | | EACH OCCURRENCE \$ 1,000,000.00 FIRE DAMAGE (Any one fire) \$ - MED. EXP (Any one person) \$ - PERSONAL & ADV INIURY \$ - GENERAL AGGRRREGATE \$ 2,000,000.00 PRODUCTS-COMP/OP AGG \$ - |
| 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 | | | COMBINED SIGNLE LIMIT (Ea accident) \$ - BODILY INIURY (Per person) \$ - BODILY INIURY (Per person) \$ - PROPERTY DAMAGE (per accident) \$ 300,000.00 |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> | SAMPLE | | | AUTO ONLY - EA ACCIDENT \$ - OTHER THAN EA ACC \$ - AUTO ONLY AGG \$ - |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ 250,000.00 AGGREGATE \$ - \$ - \$ - |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | <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 | CANCELLATION |
| City of Schenectady 105 Jay St, Room #205 NY 12305 Schenectady | 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, IT'S AGENTS OR REPRESENTATIVE. AUTHORIZED REPRESENTATIVE |