

**TOWN OF PLATTSBURGH, NEW YORK  
HIGHWAY DEPARTMENT**

**HIGHWAY WORK PERMIT**

HIGHWAY WORK PERMIT FEE - \$ \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

DATE PAID \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

Application is hereby made by the undersigned whose principal place of business is:

\_\_\_\_\_  
\_\_\_\_\_

(include address/phone number)

to the Town of Plattsburgh Highway Department for permission under the Highway Law to perform certain work within the highway limits described in detail as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

on or across a Town Road or within a Town right-of-way situated in the Town of Plattsburgh, Clinton County, New York, known as \_\_\_\_\_

in accordance with map and plan hereto attached and forming a part hereof. The above named applicant hereby certifies that he/she has secured compensation for the benefit of and will keep insured throughout the performance of above described work and such employees as are required to be insured by the provisions of the law and acts amendatory thereof, know as Workers' Compensation Law and New York State Disability.

This Permit is not valid unless signed by the Town Highway Superintendent and shall expire on date indicated.

TOWN OF PLATTSBURGH, NEW YORK  
HIGHWAY DEPARTMENT

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Highway Superintendent

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Applicant

THIS PERMIT IS VALID THROUGH

\_\_\_\_\_

\_\_\_\_\_

AMT. OF SECURITY: \$ \_\_\_\_\_

Business Phone: \_\_\_\_\_

TYPE: \_\_\_\_\_

In Case of Emergency: \_\_\_\_\_

\_\_\_\_\_