

New York State Thruway Authority  
**OCCUPANCY PERMIT APPLICATION**



For Official Use Only
Occupancy Permit No.
Work Permit No.
Construction Permit No.

**INSTRUCTIONS:**

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

**Section I Applicant Identification Information**

(Check one) <input type="checkbox"/> Individual <input type="checkbox"/> Municipality <input type="checkbox"/> Utility		<input type="checkbox"/> New <input type="checkbox"/> Amended	
<input type="checkbox"/> Business/Corporation <input type="checkbox"/> Public Agency <input type="checkbox"/> Not for Profit			
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			

**Section II Facility Identification Information**

<p>LOCATION OF FACILITY (check all that apply)</p> <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	<p>MILEPOST BOUNDARY (if known)</p> Beginning Milepost No. _____ If longitudinal, include ending Milepost No. _____ Direction of travel (N/S/E/W) _____ GPS Coordinates (if known) _____	<p>IF APPLICABLE, CHECK ONE</p> <input type="checkbox"/> Master agreement/permit <input type="checkbox"/> Co-locate agreement <input type="checkbox"/> Utility agreement
<p>TYPE AND SIZE OF FACILITY (check one and enter size if known)</p> <input type="checkbox"/> Water Mains _____ <input type="checkbox"/> Telephone _____ <input type="checkbox"/> Fiber Optic _____ <input type="checkbox"/> Drainage _____ <input type="checkbox"/> Gas Mains _____ <input type="checkbox"/> Cable Television _____ <input type="checkbox"/> Parking _____ <input type="checkbox"/> Building Structure _____ <input type="checkbox"/> Sewers _____ <input type="checkbox"/> Electric _____ voltage <input type="checkbox"/> Storage _____ <input type="checkbox"/> Communications Tower _____ <input type="checkbox"/> Communications Tower/Co-Locate _____ <input type="checkbox"/> Other (please describe) _____		
<p>PURPOSE OF PERMIT (please provide brief description and location)</p> _____ _____ _____ _____		

**Section III SEQRA**

Has a SEQRA determination been made?  
 Yes  No  Don't know  
 If yes, please provide supporting information (by whom, when, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section IV Insurance - Complete if known**

Type of insurance furnished:  
 ACORD 25 Certificate of Liability Insurance & Supplemental Insurance Certificate (TA-W51343-9)  
 Undertaking Effective Date \_\_\_\_\_  
 Duplicate Policy No. \_\_\_\_\_  
 Effective Date \_\_\_\_\_  
 Performance Bond  
 Other \_\_\_\_\_

## 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) • 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) • Berkshire Section	76.50 - 197.90 B 0.00 - B 24.28
Syracuse	Syracuse (Mainline)	197.90 - 350.60
Buffalo	Buffalo (Mainline) • 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) 436-0233

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:  
270 Mt. Hope Drive  
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.

