

ULSTER COUNTY DEPARTMENT OF PUBLIC WORKS

To: Commissioner of Public Works

Tel: 845-340-3100

Fax: 845-340-3113

APPLICATION FOR A COUNTY ROAD PERMIT

Department of Public Works

317 Shamrock Lane

Kingston, NY 12401

Application is hereby made for permission under Section 136 of the Highway Law, to enter upon and construct the following facilities on the following named Ulster County Road:

Permit # _____ Permit Type _____

(Subdivision Road, Major Driveway Access, Utility, etc.)

Owner / Applicant Information

Name _____
Contact _____
Address _____
City _____
State, Zip _____
Phone _____
Fax _____
Cell phone _____
Email _____

Contractor Information

Name _____
Contact _____
Address _____
City _____
State, Zip _____
Phone _____
Fax _____
Cell phone _____
Email _____

Location

Street (County Road #) _____

Address _____

Location _____

Purpose _____

Special Conditions _____

Town, Section-Block-Lot # _____, _____ - _____ - _____

In County Pavement ☐ Yes ☐ No Size _____ Depth _____

If permit is granted, I hereby agree to all the conditions and restrictions forming a part of this permit and to restore to its original condition, any portion of the road, shoulders or drainage that may be disturbed.

IF, AFTER SUFFICIENT TIME AS DETERMINED BY THE COMMISSIONER OF PUBLIC WORKS, OR THEIR REPRESENTATIVE, THE WORK TO BE PERFORMED UNDER THIS PERMIT IS NOT COMPLETED, SAID PERMIT SHALL BE CANCELLED AND THE DEPOSIT WILL BE FORFEITED.

(Owner / Applicant Signature)

(Title)

(Date)

Permission is hereby granted to perform work enumerated above, subject to attached conditions and restriction. A Certified Check made payable to the ULSTER COUNTY COMMISSIONER OF FINANCE, is to be deposited as a guarantee that the work shall be completed in compliance with this permit and that the road will be restored to its original condition at the expense of the owner/applicant.



Signature: _____ Date: _____

For: COMMISSIONER OF PUBLIC WORKS

Signature: _____ Date: _____

UCDPW REVIEWER

OFFICIAL USE ONLY

Date Submitted _____ Temp. Patch Date _____ App. Ck.# _____

Date Issued _____ Temp. Patch Contractor _____ Insp. Ck.# _____

Start Date _____ Perm. Patch Date _____ Bond \$ _____

Expiration _____ Perm. Patch Contractor _____

Reviewers Initial _____ Review Status: Closed Pending Public Received Technical

Date Reviewed _____ (circle one) Decision Hearing Review

Decision Date _____ Decision: Approved Conditional Denied Withdrawal

(circle one)

Approval

OWNER / APPLICANT SHALL FURNISH FULL INFORMATION AS TO THE NATURE OF THE WORK TO BE UNDERTAKEN, LOCATION, DETAILS OF STRUCTURE(S) INVOLVED, ETC., AND SHALL ATTACH A SKETCH SHOWING LOCATION AND AREA AFFECTED.

Two (2) original copies of this application are to be executed by Owner / Applicant with approving signatures. When approved by County Commissioner, one copy will be returned to Owner / Applicant.

A PROPERLY EXCECUTED COPY OF THIS PERMIT MUST ALWAYS BE AVAILABLE ON THE WORK UNDERTAKEN, TO BE SUBMITTED TO THE ENGINEER AT HIS REQUEST.

Conditions and Restrictions

THE FORGOING PERMIT IS GRANTED SUBJECT TO THE FOLLOWING GENERAL CONDITIONS, AND SUBJECT TO THE "SPECIFICATIONS AND RESTRICTIONS GOVERNING WORK DONE UNDER PERMITS".

1. This permit shall not be assigned or transferred except with the written consent of the County Commissioner.
2. The work authorized by this permit shall be done to the complete satisfaction of the County Commissioner or his representative. In replacement of pavements, the Standard County Specifications therefore shall be followed.
3. Notice shall be given by said Application to the County Commissioner at least 48 hours in advance of the date when the work is to begin.
4. The Owner / Applicant hereby agrees to indemnify and save harmless the County from all suits, actions of damages of every kind whatsoever which may arise from or on account of the work to be done under this permit. General Liability Insurance for the protection of the Owner / Applicant and the County will be maintained in such an amount and in such company and in such case as the County Commissioner may require.
5. The Owner / Applicant agrees, in consideration of this permit, that any present or future injury to or disturbance of the road, its pavement, shoulders, its slopes or gutters, caused by the work proposed under this permit, shall be repaired by the Owner / Applicant at his/her own expense and to the complete satisfaction of the County Commissioner.
6. The County Commissioner reserves the right to revoke or cancel this permit at any time should the Owner / Applicant fail to comply with the terms and conditions herein prescribed.
7. Owner / Applicant's approved copy of this permit shall be in possession of the parties actually doing the work. It must be furnished on demand, to the County Commissioner or his representative.
8. The Owner/Applicant is responsible to attain any additional required permits/permissions including, but not limited to, applicable Federal, State and Local permissions.
9. Traffic shall be maintained on this section of the road by the Owner / Applicant during the life of this permit in accordance with the National Manual of Uniform Traffic Control Devices, latest Edition.
10. The Owner / Applicant hereby certifies that he has secured compensation for the benefit of, and will keep insured during the performance of the above described work, such employees as are required to be insured by the provisions of Chapter 41 of the Laws of 1914 and Acts amendatory thereof, known as the Worker's Compensation Law.
11. If necessity arises in future, because of this work on the highway, to make repairs pertaining to this permit, said work shall be done at the expense of the Owner / Applicant.
12. The County shall not be held responsible for any damage/injury due to poor sight distances that may exist.

Refer to Schedule A for Special Conditions if Box is Checked.

I HEREWITH AGREE TO THE ABOVE "CONDITIONS AND RESTRICTIONS"

DATE

(OWNER / APPLICANT)

Notification Procedure
Prior to Starting Work

Notice shall be given by said Owner / Applicant to the County D.P.W. Permit Office at least 48 hours in advance of the date when work is to begin.

Failure to comply with the notification procedure outlined above may result in revocation of your permit and forfeiture of all fees.

County Permit Office:
(845) 340-3119

Permit No.: _____

I herewith agree to the above conditions.

Date

Owner / Applicant (please print)

Owner / Applicant Signature

FOR DEPOSITING PURPOSES PLEASE INDICATE BY CIRCLING BELOW WHO THE MONEY IS

TO BE DEPOSITED UNDER:

APPLICANT / OWNER (OR) CONTRACTOR

Be advised that the name and address on the Performance Deposit is required to match the name and address on the application



Location Request - Information Sheet

Filling out this form does not constitute as a valid location request.
This form is simply a reference and guide to what information will be asked of you when placing a location request.

Company ID# _____ Today's Date _____

Company Name _____

Company Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Field Contact Name _____ Phone _____

Name or company for whom you are doing the work? _____

NYS Law requires at least 2 full working days advance notice, not including the day you call.

Start Date _____ Start Time _____

Duration of job _____

☐ Days ☐ Hours ☐ Months ☐ Weeks ☐ Years ☐ Unknown (check one)

Excavation site state New York County _____

☐ City ☐ Town ☐ Village (check one) _____

Street Address _____

The TWO nearest cross streets the address is located between

Near Street 1 _____

Near Street 2 _____

Where on the property are you excavating? _____

Depth of excavation _____ ☐ Inches ☐ Feet (check one)

Length of excavation _____ ☐ Feet ☐ Miles ☐ Meters (check one)

Width of excavation _____ ☐ Inches ☐ Feet (check one)

Type of work _____

Means of excavation _____

Will there be blasting? ☐ Yes ☐ No

Will there be boring or directional drilling? ☐ Yes ☐ No

Is the dig site within 25ft from the edge of the road or in the road? ☐ Yes ☐ No

Are you digging on both sides of the road? ☐ Yes ☐ No

Is the excavation marked in WHITE? ☐ Yes ☐ No

Notes

To view a list of members that were notified, visit your



To find this, visit
www.digsafelynewyork.com
and click the APR logo
on the home page

Location requests can be placed 24 hours a day 7 days a week online using i-notice or by calling 811

For a digital copy: www.digsafelynewyork.com/resources



SUBMIT TICKETS ONLINE 24 HOURS A DAY

Contact our I-Notice Customer Service Representative today to get started!

1.800.309.8289

Dig Safely New York, Inc. 5063 Brittonfield Parkway • East Syracuse, NY 13057

www.DigSafelyNewYork.com

Summary of Ulster County Insurance Requirements:

Item Numbers 1-3: See the attached Sample Certificate of Insurance (Accord Form) for the required minimum limits and the language required for the Additional Insured and Certificate Holder Notes.

Item No. 4: See the following Part 1 and Part 2 lists of the appropriate acceptable forms for Worker's Compensation and Disability Benefits. ***Please note that the Accord Form is no longer acceptable proof of NYS Workers' Compensation and Disability Benefits Insurance Coverage***

Part 1: Acceptable forms for Workers' Compensation: Provide one of the following.

C-105.2 or U-26.3 or GSI 105.2

Part 2: Acceptable forms for Disability Benefits: Provide one of the following.

DB 120.1 or DB-155

OR

Starting December 1, 2008, ONLY applicants eligible for **exemptions** must file a **new CE-200** for **each** and **every** new or renewed permit, license or contract issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that the legal entity name on Form CE-200 exactly matches the legal entity name that is applying for the permit, license or contract. Please also ensure that the applicant signs and dates Form CE-200.

Each CE-200 will have a certificate number printed on it. Form CE-200s may be verified on the Board's web site at www.wcb.ny.gov.

The applicant attests under penalty of perjury that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, Board staff may investigate applicants filing Form CE-200.

**** Be sure to forward the following pages to your insurance company to ensure the proper insurance coverage is submitted Ulster County.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
Insurance Agent Name	PHONE (A/C, No, Ext):
Insurance Agent Address	FAX (A/C, No):
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A :
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: Sample Cert REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	ITEM 1						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

County of Ulster is named as an Additional Insured with respects to work performed by the insured.

ITEM 2

CERTIFICATE HOLDER

ITEM 3	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
County of Ulster P.O. Box 1800 244 Fair Street Kingston NY 12402	AUTHORIZED REPRESENTATIVE NEEDS TO BE SIGNED BY AGENT

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Item No. 4: Workers' Compensation and Disability Benefits

PART 1:

WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

- A) **C-105.2** -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the **U-26.3**; **OR**
- B) **GSI-105.2** -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request), **OR** Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247). **OR** e-mail Selfinsurance@wcb.ny.gov).

PART 2:

DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the entity issuing the permit or entering into a contract:

- A) **DB-120.1** -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**
- B) **DB-155** -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247). **OR** email selfinsurance@wcb.ny.gov).

INSTRUCTIONS FOR OBTAINING FORM CE-200

The CE-200 is now an on-line application. Please remember that applicants are submitting the CE-200 under penalty of perjury, a felony carrying a penalty of four years jail time. Accordingly, all statements on the CE-200 must be true.

Applicants may access the CE-200 application on the Board's Website: www.wcb.ny.gov

1. Click on the button entitled "WC/WB Exemption Forms CE-200".
2. Click on the Certificate of Attestation of Exemption (Form CE-200) at the bottom right of the screen.
3. Click the 'Access Web-Based Exemption Application' on the bottom of the screen
4. Applicants should create their own PIN number.
5. Follow the rest of the prompts.

It should take about 5 minutes to fill out the first time. **Applicants are required to print, sign and date Form CE-200 and send it to the Government Agency issuing their permit, license, or contract from. If there are questions during the application process, please contact the NY Business Contact Center at 518-485-5000.**

If the applicant is having difficulty in printing the CE-200, please call the Board's CE-200 Hotline at 866-546-9322, then press 1, and then press 3 and leave a voice message with the certificate number, the name of the business and a contact number. The CE-200 will be sent to the business address on the CE-200 within one business day.



**Workers'
Compensation
Board**

**Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or
Disability and Paid Family Leave Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required. Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of (Legal Entity Name and Address): Name Address Line 1 Address Line 2 PHONE: FEIN: XXXXX4139	Business Applying For: Contract with Government Agency From: County of Ulster
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Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:
The business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.

Disability and Paid Family Leave Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE** for the following reason:
The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability and paid family leave benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability and Paid Family Leave Benefits Law.)

I, Linda Pierro, am the President with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature:	Date:
Exemption Certificate Number 2021-██████████		Received November 8, 2021 NYS Workers' Compensation Board