

**INCORPORATED VILLAGE OF LAUREL HOLLOW**

1492 Laurel Hollow Road  
Syosset, NY 11791  
(516) 692-8826

Resolution of 9/11/19 - only under-ground missile permitted without Board approval

Permit #: \_\_\_\_\_

**Application for Street Opening Permit**

*Print or type this application in triplicate*

Applicant/Owner \_\_\_\_\_  
*Name Address Phone*

Contractor: \_\_\_\_\_  
*Name Address Phone*

*If applicant is a corporation give name and title of responsible individual*

Officer: \_\_\_\_\_ Title: \_\_\_\_\_  
*Email Address*

**Public Liability and Property Damage Insurance Indemnification**

A Certificate of Insurance must be filed with this application insuring the Village against public liability and property damage with limits of \$1,000,000/\$3,000,000 for personal injury and \$500,000/\$1,000,000 for property damage. If this applicant is a municipal corporation or public utility this application shall also constitute a hold harmless and indemnification agreement by the applicant to indemnify and hold the Village harmless from all damages to persons or property resulting from the work covered by the street opening permit. Any subcontractor of a municipal corporation or public utility corporation shall also be required to file a Certificate of Insurance in the amounts stated above.

Location of Job: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Street Address: \_\_\_\_\_

Request permission to: \_\_\_\_\_ on N / S / E / W side of \_\_\_\_\_ Rd/Dr/St/La/Ct

for the purpose of: \_\_\_\_\_

Work to start on: \_\_\_\_\_ And be completed on: \_\_\_\_\_

Opening - Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

**Filing Fees and Deposit**

Filing Fee: \$500.00 Deposit/Prof Fees: \$500 Restoration Deposit or Bond: \$ \_\_\_\_\_  
*(If req'd by Street Commissioner-See Disposition of Deposit below)*

**Conditions of Permit**

- Drawings and plans must be attached to application
- Applicant is responsible for utility mark-outs
- Applicant must notify the Highway Supervisor 24 hours prior to commencing work at 516 492-4448

Other: \_\_\_\_\_

By signing this application the applicant promises that the proposed work will be faithfully carried out and promptly completed as described and as shown on the plan in accordance with Village specifications and that the provisions of laws applying to the premises and the proposed work are complied with whether stated in the application and plans or not. Applicant also agrees that the Village reserves the right to repair and resurface all street opening at any time for the purposes of health and safety and recover the costs for same from the above deposit.

The applicant hereby certifies that he is authorized by the principle to make this application, that the proposed work stated in the application is authorized by the owner, and that if any changes are made during construction he will file amended plans before making such changes.

**I have read the foregoing application and understand that any false statement made therein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.**

\_\_\_\_\_  
*Date* X \_\_\_\_\_  
*Applicant Signature*

**Permit**

This application shall constitute the Street Opening Permit when it is endorsed below by the Street Commissioner

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Street Commissioner to check any / all conditions below as appropriate*

**Disposition of Deposit:** \_\_\_\_\_ Retain for 180 days post satisfactory restoration  
\_\_\_\_\_ Retain until C.O.'s or C.C.'s are issued for applications #  
\_\_\_\_\_ Other: \_\_\_\_\_

**Inc. Village of Laurel Hollow**

**INSURANCE & INDEMNIFICATION REQUIREMENTS FOR STREET OPENING PERMITS**

The contractor /sub contractors shall maintain at a minimum the following insurance giving evidence of same to Inc. Village of Laurel Hollow in the form of Certificates of Insurance or copies of policies, providing 30 days notice of Cancellation or non-renewal. The insurance carrier must be a New York State licensed carrier with an A.M. Best Rating of at least an A IX.

- I. Workers Compensation and NYS Disability Coverage Statutory  
Must be submitted on forms approved by the Workers' Compensation Board of the State of New York (C105-2 or State Insurance Fund certificate for Workers' Compensation and DB-120 for Disability)
  
- II. Commercial General Liability  
Coverage and Limits Occurrence - 1988 ISO or equivalent

General Aggregate	\$2,000,000
Products & Completed Operations	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Per Occurrence Limit	\$1,000,000
Fire Damage	\$ 50,000
Medical Expense	\$ 5,000

  
Additional Insured Inc. Village of Laurel Hollow, all elected and appointed officials, employees and volunteers using ISO Form CG2010 (B) or equivalent.
  
- III. Automobile Insurance  
Limit \$1,000,000. Combined Single Limit  
  
Additional Insured Inc. Village of Laurel Hollow, all elected and appointed officials, employees and volunteers
  
- IV. Umbrella Liability  
Coverage Umbrella Form or Follow Form of primary General Liability and Automobile Liability  
Limit \$2,000,000.  
  
Additional Insured Inc. Village of Laurel Hollow, all elected and appointed officials, employees and volunteers

Indemnification.

To the fullest extent permitted by New York State Law, and to the extent claims, damages, losses or expenses are not covered by the aforescribed insurance to be purchased by the contractor for the benefit of the Inc. Village of Laurel Hollow, all elected and appointed officials, employees and volunteers, the contractor, and any subcontractor or other such agent of the contractor, shall indemnify and hold harmless the Inc. Village of Laurel Hollow, all elected and appointed officials, employees and volunteers from and against claims, damages, losses and expenses, including, but not limited to, attorneys' fees, and other reasonable costs of defense arising out of, connected with, or resulting from the performance of the work to be performed in connection with the permit to be issued, provided that such claim, damage, loss or expense is attributable to bodily injury, personal injury, sickness, disease, or death, or to injury to or destruction of tangible property (other than the work itself), including the loss of use resulting therefrom, but excluding liability created solely and exclusively by the negligence or fault of the party to be indemnified. The indemnitee shall be entitled to the hold harmless and indemnification benefits described herein regardless of whether such a claim, damage, loss or expense is caused in part by the indemnitee or another party indemnified hereunder. Such obligation shall not be construed to negate, abridge or otherwise reduce any other right or obligation of indemnity which would otherwise exist to any party or person described in this paragraph.

In any and all claims against the Inc. Village of Laurel Hollow, elected or appointed officials, employees, and volunteers where said claims are made by any employee, servant or agent of the contractor or its subcontractor or anyone directly or indirectly employed by said contractor or its subcontractor, or anyone for whose acts they may be liable, the indemnification obligations set forth in the above paragraph shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for the contractor or its subcontractor under Workers' Compensation Acts, Disability Benefit Acts, or other employee benefit acts.