

**Before any Driveway or any type of work is done along any road
in the Town of Cobleskill.**

**Contact: The Town of Cobleskill Highway Superintendent for
approval at 518-234-2990**

A Highway Access Permit might be necessary.

COBLESKILL HIGHWAY DEPARTMENT RIGHT-OF-WAY PERMIT APPLICATION

SUBMIT APPLICATION TO: TOWN OF COBLESKILL HIGHWAY SUPERINTENDENT, PO BOX 327, COBLESKILL, NY 12043
PH: 518-234-2990 FAX: 518-234-2068

FILE NO. _____

APPLICATION IS HEREBY MADE FOR A RIGHT-OF-WAY PERMIT
BY:

CONTRACTOR:

Name _____

Name _____

Street Address _____

Street Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Applicant Phone # _____

Contact Person
Phone # _____

Contact Person
Cell Phone # _____

Work Location (Street Address) _____

SBL numbers for all work locations _____

Between property address _____ and property address _____

RETURN PERMIT (WHEN ISSUED) TO: (IF DIFFERENT FROM APPLICANT)

Name _____ UFPO # _____

Street Address _____ HIGHWAY WORK PERMIT # _____

City _____

State _____ Zip Code _____

ESTIMATED COST OF WORK BEING PERFORMED IN HIGHWAY RIGHT-OF-WAY

\$ _____

ANTICIPATED DURATION OF WORK From ____ / ____ / ____ thru ____ / ____ / ____

PROTECTIVE LIABILITY INSURANCE COVERED BY POLICY # _____ WHICH EXPIRES ON ____ / ____ / ____

WORKERS COMPENSATION INSURANCE COVERED BY POLICY # _____ WHICH EXPIRES ON ____ / ____ / ____

BRIEF DESCRIPTION OF PROPOSED WORK _____

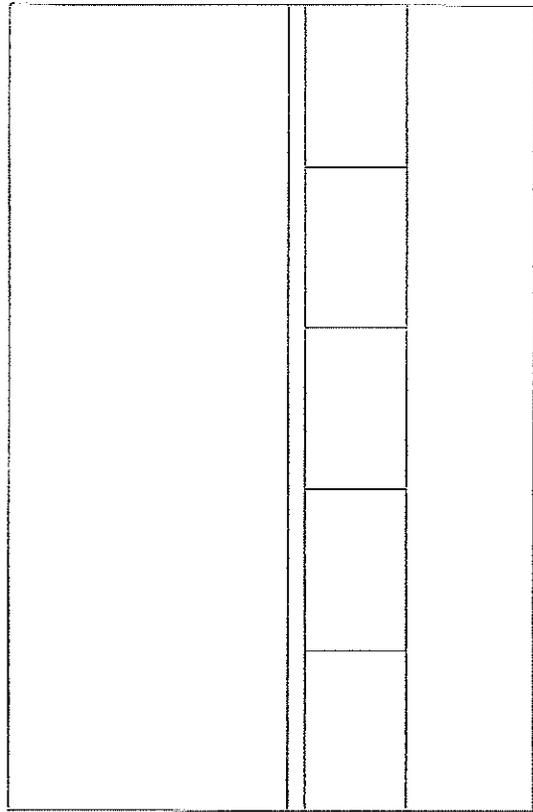
PLEASE ATTACH PLANS AND SPECIFICATIONS

PLEASE SUBMIT PROOF OF PROTECTIVE LIABILITY AND WORKERS COMPENSATION INSURANCE

APPROVAL RECOMMENDED BY HIGHWAY
SUPERINTENDENT _____

DATE _____

Please indicate on the above diagram all areas which will be disturbed
All disturbed areas must be replaced to Village specifications



Street
Curb
Sidewalk
Green space

PERMIT FOR DRIVEWAY CONSTRUCTION ON TOWN OF COBLESKILL ROADS
(Highway Access Permit)

Date of Application _____

Name of Applicant _____ Telephone # _____

Mailing Address _____ SBL or Tax Map# _____

Address where culvert is to be installed _____

Purpose: _____

Property owner must furnish culvert pipe, corrugated galvanized standard, or corrugated smooth bore high density polyethylene, of a diameter and length prescribed by the Highway Superintendent or Deputy.

Signature of Applicant

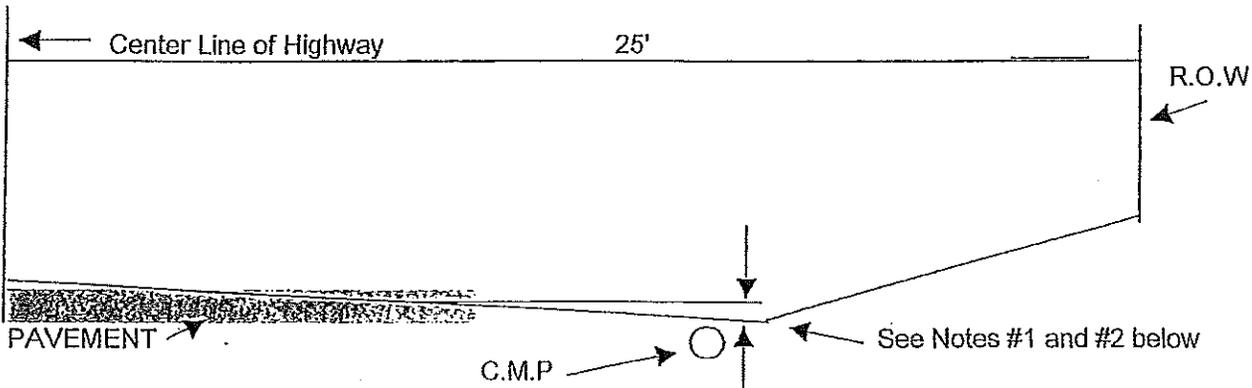
Diameter _____ Length _____ Date Approved: _____

Application Approved By _____ Date Installed: _____

Installation Released By _____ Date Released _____

Deficiencies:

TYPICAL CULVERT INSTALLATION



1. Driveway approach shall be a minimum of 4" below the edge of the pavement to prevent water from flowing onto the pavement

2. No Alterations of this construction will be approved.