



VILLAGE OF SAGAPONACK

PO Box 600
3175 Montauk Highway
Sagaponack, NY 11962
www.sagaponackvillage.org
631-537-0017 631-537-0612 (FAX)

APPLICATION FOR CURB/DRIVEWAY CUT PERMIT

Date Received: \_\_\_\_\_

Permit No: \_\_\_\_\_
Permit Fee: \_\_\_\_\_
Date Issued: \_\_\_\_\_

INSTRUCTIONS

- All forms must be completed in ink or typed.
This application will be deemed incomplete and will not be processed unless fully and clearly completed.
Provide a map of the work to be completed with this application.
Include check payable to the Village of Sagaponack for \$250. Any job started prior to a permit being issued will be subject to a \$250 fee.

- 1. Application for a Curb Cut Permit is hereby made by the undersigned, a firm/corporation, whose name and address are:
Name of Organization/Applicant: \_\_\_\_\_
Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_
Phone/Cell #: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_
2. Street Address where curb cut will be performed: \_\_\_\_\_
3. Physical location of curb cut to be performed in the Village Right of Way/Road/Other Public Property:
\_\_\_\_\_ Length of Curb Cut: \_\_\_\_\_
4. Start date and duration of work: From: \_\_\_\_\_ To: \_\_\_\_\_
5. Is there an existing curb/driveway cut to this property: Yes ( ) No ( )
If yes, will it be abandoned: Yes ( ) No ( )
If there will be more than one driveway, this application will need Board of Trustee approval.
6. Name of Owner: \_\_\_\_\_ Phone/Email: \_\_\_\_\_
Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the Village of Sagaponack, County of Suffolk, State of New York in accordance with the MAP AND PLANS HERETO ATTACHED and forming a part hereof, I acknowledge that I have read the Conditions and Restrictions below and the Village Code governing Curb Cut Permits within the Village of Sagaponack and that I have included a map with this application:

Signature of Applicant

Date

Conditions and Restrictions

- Applicant must include a STAMPED AND SEALED SURVEY identifying the location and extent of the proposed driveway, demonstrating adequate line of sight along proposed driveway and the location of any power lines, trees, drains, signs, etc. within the Village right of way abutting the property. The Village Engineer may be consulted on proposed curb cut.
This permit shall not be transferred without the written consent of the Village of Sagaponack.
The said applicant hereby agrees to hold the Village harmless on account of any kind of damages which may arise during the process of the work authorized by this permit or by any reason thereof.
The Village of Sagaponack reserves the right at any time to revoke or annul this permit should the said applicant fail to comply with the terms and conditions upon which it is granted.
Work under this permit to be commenced within ninety days from date of permit and continued in an expeditious manner.
If and when necessary, the Village of Sagaponack will on matters of emergency or compliant, take steps to repair an opening on a charge back basis to the above applicant. Applicant shall be responsible for the restoration for one year after completion unless extended by the Village of Sagaponack.

INSURANCE AND BOND REQUIREMENTS: A surety bond or deposit of not less than \$2500.00 shall accompany this application for the duration of the project along with a Certificate of Insurance naming the Village of Sagaponack as additionally insured. If the permit is being sought by a Utility company, they have the option of filing a \$20,000.00 surety bond to cover all applications for excavation made within the term of the bond and to file a certificate of insurance on an annual basis with the Village of Sagaponack.

Permission is hereby granted for a curb cut permit as described in the foregoing application: PERMIT # \_\_\_\_\_

Village of Sagaponack

DATE