STATE OF NEW YORK DEPARTMENT OF TRANSPORTATION HIGHWAY WORK PERMIT APPLICATION FOR NON-UTILITY WORK

Application is hereby made for a highway work permit:	For Joint application, name and address of Applicant 2 below:
Name TAMES HOOPER	Name
Address 46 Roymolos Rol	Address
City FORT EDVIND State NY Zip 12828	City State Zip
Applicant Phone (5/8) 222 - 5032	Applicant 2 Phone ()
Applicant Email Address _ Itooperjim @ HOTMAIL CO	Applicant 2 Email Address
Emergency Contact Susanne Hooper	
Emergency Phone (518) 852 - 4345	
RETURN PERMIT TO: (if different from Permittee)	RETURN DEPOSIT/BOND TO: (if different from Permittee)
Name	Name
Address	Address
City State Zip	City State Zip
DESCRIPTION OF PROPOSED WORK:	
A 20' Culvers and Davisury of	FOR lots 14 2 of the HOOFER
SUBDIVISION. There is AN EXISTING	DRIVEWRY + pERMIT LOWEVER I WANT
to improve the culvery AND INSTAIL	
	00_
Estimated cost of work being performed in highway right-of-way: \$	2/0·0
Anticipated duration of work: From Summer \$625 to(app	olies to the operations indicated on the reverse side)
WILL OVERHEAD OR UNDERGROUND (5'+) OPERATIONS BE INVOLVED	
ATTACHED: Plans Specifications	ATTHERES SEE ATTACKS MAP
LOCATION: State Route:Located Between Reference Market	ersandRECEIVED
City/Town/Village of County of	ANGOOK IAN O
SEQR REVIEW (select one)	JAN 0 6 2025
[] Type II [] Type I [] Unlisted LEAD AGENCY:	DATE OF DETERMINATION OF MOREAU
Insurance (check one): General Liability Insurance	Undertaking Insurance Fee (residential operations only)
NOTE: PERMIT IS ISSUED CONTINGENT UPON ALL LOCAL REQUIR	EMENTS BEING SATISFIED
ACKNOWLEDGMENT: ON BEHALF OF THE APPLICANT, I HEREBY REQ TO THE RESPONSIBILITIES OF PERMITTEE AND THE OTHER OBLIGATION THEREWITH.	UEST A HIGHWAY WORK PERMIT, AND DO ACKNOWLEDGE AND AGREE ONS SET FORTH IN THIS PERMIT AND WARRANT COMPLIANCE
Applicant Signature	Date 11/24/24
Applicant 2 Signature	D
Approval recommended by Resident Engineer	Res No Date
Approved by Regional Traffic Engineer	Reg No Date

Fee	Fee	Total Fees
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