



Road Opening Application

Inc. Village of Head of the Harbor
500 North Country Rd. St. James, NY 11780
631-584-5602 Building Dept.

Submit completed form, fees (see fee schedule) and sureties (see Village Code §131), and all certificates of insurance for agency opening the road AND agency responsible for restoration. (see attached).

PLEASE ATTACHED HERETO A SKETCH OF THE WORK PROPOSED.

Incomplete Applications will be returned

Applicant: _____

Mailing Address: _____

Contact Person: _____ Phone Number: _____

____ New Work ____ Reconstruction ____ Grass Area ____ Drainage
____ Road Opening ____ Sidewalk Opening ____ Curb Cut ____ Other

ROAD/SIDEWALK OPENING:

Contractor: _____

Address: _____

Tel No: _____

Licensed by & No: _____

Attach insurance certificates

ROAD PAVEMENT RESTORATION:

Contractor: _____

Address: _____

Tel No: _____

Licensed by & No: _____

Attach Insurance certificates

I request permission to _____ open, _____ (re)construct the (N-E-S-W or Middle) side
(Circle One)

Of _____, in the Village of Head of the Harbor, at a distance of
(Name of road)

_____ feet (N-E-S-W) from _____ for the purpose of
(Circle One) (nearest intersection)

I have read and agree by the Village Code Chapter 131 pertaining to Permits for work on and within the Village of Head of the Harbor:

Applicant's Signature: _____ Title: _____ Date: _____

Check number: _____

FOR OFFICE USE ONLY _____ Disapproved _____ Approved By _____
Date _____ Comments:

Contractors' Insurance Information
THE FOLLOWING FORMS ARE REQUIRED FOR
WORKERS' COMPENSATION AND FOR DISABILITY INSURANCE

WORKERS' COMPENSATION INSURANCE

Accepted on one of the following forms **only***

Form C-105.2 - Certificate of NY State **Workers' Compensation Insurance** Coverage

Form GSI-105.2 (2/02) Certificate of Participation in Workers' Compensation Group Board
approved self-insurance

Form U-26.3-NY State Insurance Fund Certificate of **Workers' Compensation Insurance**

DISABILITY INSURANCE

Accepted on the following form **only***

Form DB-120.1 Certificate of Insurance Under the New York State **Disability** Benefits Law

Form DB-155 – Board-approved self-insured employers must obtain this form from Board's
Self-Insurance Office

EXEMPTION FORM – NEW FORM CE-200

For **each and every** new or renewed permit a signed and dated form with a certificate number must be submitted

Replaced Form WC/DB 100

Affidavit for New York Entities With No Employees and Certain Out Of State Entities, That New York State Workers'
Compensation and/or Disability Benefits Insurance Coverage Is Not Required

LIABILITY INSURANCE WILL BE ACCEPTED ON THE ACORD FORM

Second Insured/Certificate Holder:

Village of Head of the Harbor
500 North Country Rd.
St. James, NY 11780

Any questions can be directed to:

New York State Workers' Compensation Board
220 Rabro Drive Suite 100
Hauppague, New York 11788
866-681-5354

Website: www.wcb.ny.gov

Directions – from east & west:

Long Island Expressway (LIE) to Exit 56. Turn north on Route 111-Wheeler Road (approx. ¼ mile) to Rabro Drive. Turn right on Rabro Drive, enter the first parking lot on the right. The entrance to the Office is on the south end of the building (follow the directions on the sign).

*With valid expiration dates