

VILLAGE OF EAST HAMPTON
DEPARTMENT OF PUBLIC WORKS
172 Accabonac Rd, East Hampton, NY 11937
Phone: (631) 324-4150 ext. 116 Fax: (631) 324-0566



811 or 1-800-962-7962
www.digsafelynewyork.com

Application for Excavation Permit

Date: _____

Permit # _____

Application is hereby made by the undersigned, a firm/corporation, whose name and address are:

To open an area and/or perform work in the Village right-of-way located at: _____

(State exact location in reference to streets, intersection, existing landmarks or street no. if possible)

For the following purpose: _____

Description of type of work to be done: _____

Date work is to start: _____
(ASAP will not be accepted)

Date site will be restored: _____
(ASAP will not be accepted)

Will there be any work performed in the paved roadway? YES NO

Is the project considered a Type I action under SEQRA? YES NO

If so, a public hearing may be required, please refer to Chater 250 – 11

(see attached)

DISPOSITION: Approved: _____
Denied: _____

NOTES: _____

VILLAGE OFFICIAL

Conditions and Restrictions

- A set of plans showing roadway, curb, shoulder, property line depicting the scope of work proposed must be submitted to the Superintendent of Public Works herewith.
- The Superintendent of Public Works shall be given a minimum of one week's notice by said applicant of the date when it intends to begin the work authorized by this permit.
- This permit shall not be assigned or transferred without the written consent of the Superintendent of Public Works.
- The Superintendent of Public Works 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.
- Sleeves shall be driven UNDER the roadway for all roadway crossings, unless permission to cross otherwise is given in writing by this office. The applicant shall substantiate the need for any pavement opening.
- Work under this permit is to commence within thirty days from the start date given and under no event shall the work exceed 2 months from the start date to the completion of restoration or a \$250 per day fine will be imposed until restoration is completed.
- The permittee shall furnish this office with a telephone number of availability (24hr basis) where a demand for emergency repairs shall be immediately honored; otherwise, a fine of \$250 per day will be imposed.
- Before this permit may be issued, applicant must post with the Superintendent of Public Works either a surety bond or cash in form and amount satisfactory to said Superintendent to guarantee performance of said work in accordance with Chapter 250 of the Code of the Incorporated Village of East Hampton
- Applicant shall be responsible for restoration for two years after completion unless extended by the Superintendent of Public Works.
- All work locations shall be secured for public safety with barricades, fences, etc., as needed.
- Barricades, whether in sidewalk or roadway area, shall have prominently displayed, for police convenience, the address and telephone number of responsible person available twenty-four (24) hours to re-establish the same in case of emergency.
- All repairs to sidewalks and curbs must conform to Section 250-19 of the East Hampton Village Code.

A fee of Two Hundred Fifty Dollars (\$250.00) per opening, make checks payable to the Village of East Hampton. Any job started prior to permit being issued will be subject to a \$250.00 fine and the \$250.00 permit fee.

The applicant agrees to comply with the terms and conditions outlined above and set forth in Chapter 250 of the Code of the Incorporated Village of East Hampton relating to excavation and construction work. Applicant further agrees to indemnify the Inc. Village of East Hampton against any and all damage occasioned said Village in any manner whatsoever by reason of the exercise of said permit.

By checking this box, I acknowledge that I have read and understand the Conditions and Restrictions as stated in this application.

Signature of Applicant

Print Name of Applicant

Phone # / Fax #

24 hr. Emergency Contact Name & Number

E-Mail

INCOMPLETE APPLICATIONS WILL BE DENIED AND RETURNED TO APPLICANT