



**CITY OF GLOVERSVILLE
STREET OPENING
PERMIT APPLICATION**

To be completed by the City Clerk's Office	
Permit Number	
Permit Issue Date	
Permit Expiration Date	

Project Information: Incomplete applications will not be accepted

Location Address:

Name of Nearest Cross Streets:

Type of Permit:

Class 1 (100 sq. feet or less) Class 2 (more than 100 sq. feet)

Description of Work:

Reason for Work: _____ Scheduled Start Date: _____ Scheduled Completion Date: _____

Contractor/Applicant Information:

Name:

Company Name:

Company Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Sketch of Work Indicating the Size and Location of Proposed Opening(s) (or supply own sketch):

Sketch must include the distance in feet from the nearest intersection and from the nearest curb line; the dimensions of the opening including length, width and depth; and the existing parking conditions.

Applicant Statement & Signature:

The undersigned affirms that the above is a true and accurate description of work to be performed under permit from the City of Gloversville and guarantees that restoration work will be performed in accordance with the City of Gloversville's specifications for restoration of excavated streets.

Print Name: _____ Signature: _____ Date: _____

To be completed by the Department of Public Works:

<input type="checkbox"/> Permit Fee: \$100 – Class 1	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date: _____	By: _____
<input type="checkbox"/> Permit Fee: \$500 – Class 2	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date: _____	By: _____