



**Supervisor**  
ANTHONY S. COLAVITA

**Council Members**  
LUIGI V. MARCOCCIA  
JOSEPH D. DOOLEY  
THERESA V. NICHOLSON  
SHEILA MARCOTTE

**Town Clerk**  
LINDA D. LAIRD

**Receiver of Taxes**  
ROCCO N. CACCIOLA

## **TOWN OF EASTCHESTER**

40 Mill Road, Eastchester, New York 10709

[www.eastchester.org](http://www.eastchester.org)

**Superintendent of Highways**  
ROCCO LATELLA

(914) 961-8540  
(914) 961-8549 FAX

[highway@eastchester.org](mailto:highway@eastchester.org)

Dear Resident/Contractor

Please be advised that the Town of Eastchester, Highway Department issues work permits for excavation performed on the Town right of way. The Town right of way is the portion of land in between the curb and one's property line. The property line can be determined with a property survey. The Building Department has jurisdiction over all work performed on the private property.

Driveway installation, resurfacing and driveway widening projects are performed on both the Town right of way and private property, therefore you are required obtain two permits; one from the Highway Department & one from the Building Department.

Failure to do so may result in a summons.

Thank you.

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**HIGHWAY DEPARTMENT PERMIT REQUIREMENTS  
FOR  
DRIVEWAY  
WIDENING/INSTALLATION/RESURFACING/COBBLE BLOCK  
APRON**

**HIGHWAY DEPARTMENT PERMIT REQUIRED:**

As per TOWN ORDINANCE No Person shall cut or excavate the surface or soil of any street, sidewalk, curb or Town right of way, resurface or widen a driveway or construct a new sidewalk or driveway for any purpose whatsoever without first obtaining a permit from the Superintendent of Highways of the Town of Eastchester. Permit shall be valid for an effective period, not to exceed thirty (30) consecutive calendar days. Such extended period may be extended, if so requested in writing by the permittee five (5) days prior to expiration or such lesser period as is acceptable to the Superintendent of Highways, for such additional period as the Superintendent of Highways in his/her sole discretion may authorize.

**TIME OF WORK:**

No Work shall be performed on Saturdays, Sundays or Holidays or prior to 8:30 a.m. nor after 4:30 p.m. Monday through Friday, except with prior written approval of the Superintendent of Highways.

**QUESTIONS/LOCATION:**

All Questions pertaining to Highway work Permits must be directed to the Highway Department located on Farella Way. Phone 914-961-8540, Fax 914-961-8549, email – [highway@eastchester.org](mailto:highway@eastchester.org). Hours of operation 7:00 a.m. – 3:30 p.m. Monday – Friday.

**PENALTIES:**

Any Person who should violate a provision of this Local Law shall be guilty of a violation and shall be subject to a fine of not more than FIVE THOUSAND (\$5,000.00) DOLLARS or imprisonment for a period up to 30 days or both.

## **PERMIT REQUIREMENTS:**

In order to apply for a HIGHWAY DEPARTMENT Work Permit the following documents must be submitted to the Highway Department located on Farella Way. These documents can also be sent via email [highway@eastchester.org](mailto:highway@eastchester.org) or fax (914) 961-8549.

**A. APPLICATION** – Attached Application is to be completed

**B. PERFORMANCE SECURITY** - \$1,750.00 (Official Bank Check/Money Order) or BOND, payable to the Town of Eastchester – Deposited and Retained by Town until final inspection of the job is made and that stated work is performed in accordance to permit requirements and specifications. – Once Job is complete, please contact the Highway Department to request A Final Inspection.

### **C. INSURANCE REQUIREMENTS**

1. **Certificate of Liability** (Acord) Must Contain (See attached example)
  - a. **General Liability**–(Bodily Injury& Property Damage) Not Less than \$1,000,000.
  - b. **Automotive Liability** – Not Less than \$1,000,000.
  - c. **Certificate Holder** – Town of Eastchester, 40 Mill Road, Eastchester NY 10709
  - d. **Description of Operation** – Must state “Town of Eastchester is an additional insured”
2. **Certificate of Workers Compensation Insurance** - Submit Form WC/DB-100, C-105.2, U-26.3 or S1-12 (See attached example of Form C-105.2)

**(ADDITIONAL INSURANCE REQUIREMENTS FOR JOBS IN EXCESS OF \$50,000)** For any permit where the amount of work exceeds Fifty Thousand (\$50,000.) Dollars, you must supply a Certificate of Liability and, an endorsement page stating and verifying that the Town of Eastchester is an Additional Insured, the described person or organization additional protected persons endorsement with a sublimit for their protection.

**D. PLAN & SURVEY REQUIREMENTS** – Applicant is required to submit a plan showing exact footage to be excavated as well as a property survey. A plan may be substituted by a detailed hand drawn sketch.

**E. CODE 53** – Contractor must call the Underground Facilities Protective Organization to request a “mark out” of underground utilities – 1-800-962-7962. The Ticket number provided is good for 10 days.

**F. PERMIT FEES - Base Permit Fee** -\$225.00 (Additional fee - \$15.00 per foot of curb cut (Driveway Widening & Installation) - Personal/Bank Check or Money Order, payable to Town of Eastchester.

**G. WESTCHESTER COUNTY LICENSE** – Contractor must be licensed to perform work within the County of Westchester.

AFTER obtaining a permit from the HIGHWAY DEPARTMENT a Second permit must be obtained from the BUILDING DEPARTMENT. The Highway Department issues a permit for work on the Town right of way and the Building Department issues a permit for work performed on the private property. The BUILDING DEPARTMENT permit requirements may be found on the website [www.Eastchester.org](http://www.Eastchester.org) or via phone 914-771-3317.

**TECHNICAL SPECIFICATION AND REQUIREMENTS:**

1. **Standard Specifications** – Driveways – The ATTACHED (2) Two Standard Specifications shall be followed. Failure to comply with the attached specification and restoration procedures may result in the forfeit of the \$1,750.00 performance security deposit.
2. **Pedestrian & Vehicular Traffic** – Pedestrian and vehicular traffic is to be adequately protected by the applicant by means of suitable protective barricades and flashing lights illuminated during the nighttime around the work site. All work should be performed in a manner to minimize inconvenience, creating absolutely no hazard to pedestrians and vehicular traffic.
3. **Permit Suspension or Termination** – This permit may be suspended or terminated by the Superintendent of Highways for any violation of Federal, State or Local Laws, General Ordinance, Rules and Regulation of the Department of Highways, or other Department of the Town of Eastchester, NY.

## HIGHWAY DEPARTMENT PERMIT APPLICATION

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

PROPERTY OWNER: \_\_\_\_\_

Project Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Code 53 Dig # \_\_\_\_\_

Description of Proposed Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature Homeowner: \_\_\_\_\_

I, the contractor have read and understand the Town's requirements and Specifications for the proposed project:

Signature Contractor: \_\_\_\_\_

\_\_\_\_\_  
Homeowner and Contractor must fill out this form and return to Highway Department with other documents as outlined in this package.

### Check List:

Application \_\_\_\_\_

Certificate of Liability \_\_\_\_\_

Certificate of Workman's Compensation Insurance \_\_\_\_\_

Plan & Survey Requirements \_\_\_\_\_

Code 53 Ticket Number \_\_\_\_\_

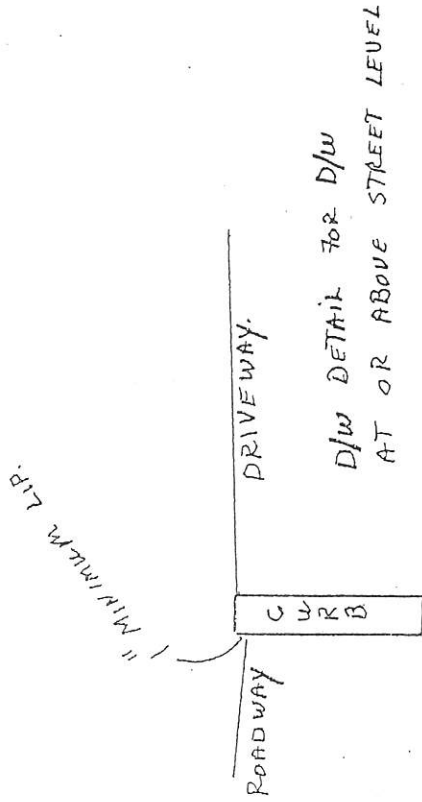
Security Deposit & Permit Fees \_\_\_\_\_

Westchester County License \_\_\_\_\_

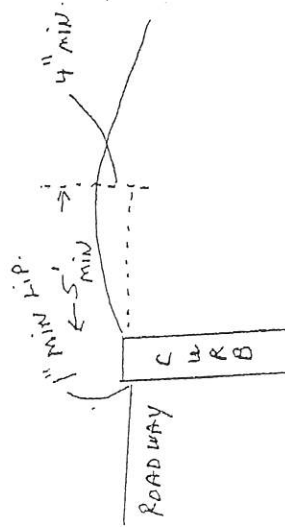
March 5, 2021

# Specification/Program (Driveway)

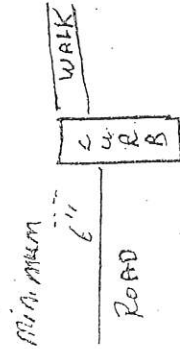
## STANDARD DRIVEWAY AND WALK DETAIL



1. Walk and driveway pavement must start behind street curbing.
2. Curb at driveway entrance must maintain a minimum of 1" above the street.
3. Driveways below street elevation must pitch a minimum of 4" towards the street before changing to downward elevation.
4. Permits are required for driveway installations, widening, walkway improvements and installations.
5. Driveway pavement width shall not exceed 20' and curb cut length shall not exceed 22'. Driveway pavement shall not be closer than 3' to any side property lines.
6. Curb Restoration – If curbs are lowered, raised, reset, or disturbed in any way Contractor must saw cut roadway that abuts the curbing a depth of at least 2" and at width as needed in order to create an even black top patch. Patch must be sealed.



D/W DETAIL FOR D/W  
BELOW STREET LEVEL.

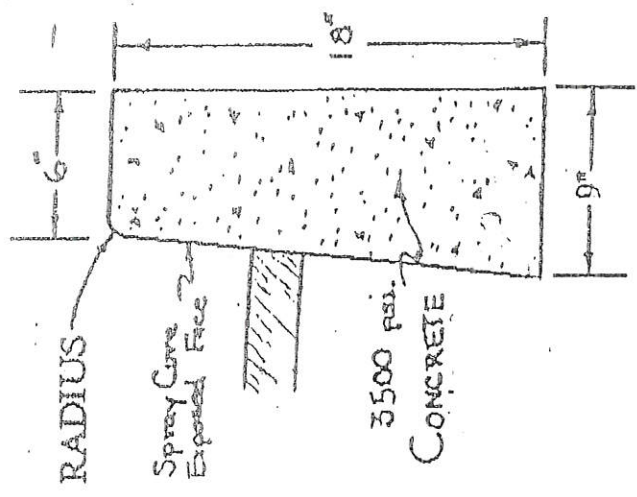


SIDEWALK AT CURB

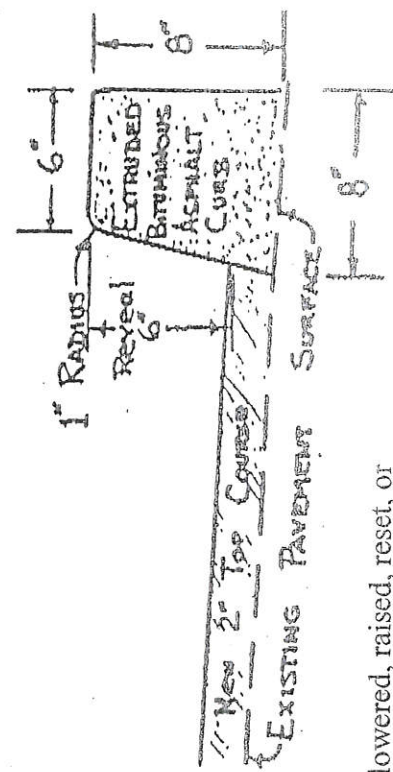
Revised 9/23/11



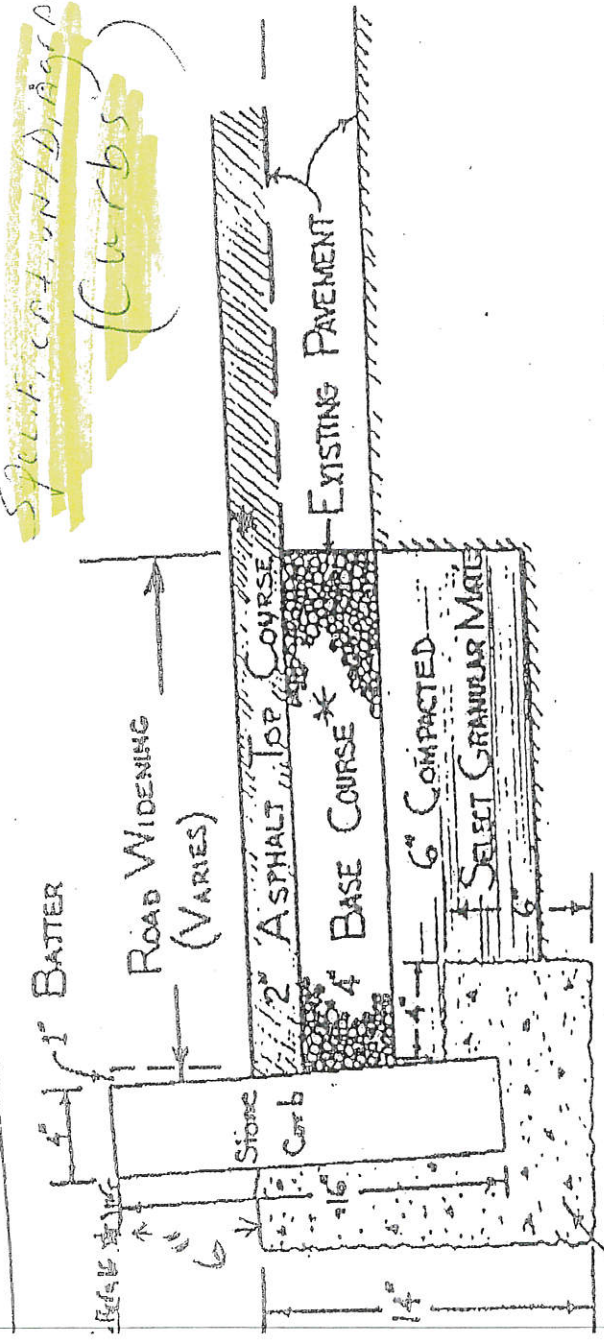
*Spec. Cont. on Diagram (Curbs)*



**CONCRETE CURB**  
(ALTERNATE DETAIL)



**ASPHALT CURB**  
(ALTERNATE DETAIL)



3500 PSI. CONCRETE

NOTES:

*\* All concrete must be Fiber Reinforced*

1) Curb Restoration - If curbs are lowered, raised, reset, or disturbed in any way contractor must saw cut roadway that abuts the curbing a depth of at least 1" and at width as needed in order to create an even black top patch.

*Patch must be sealed*

TOWN OF EASTCHESTER, N.Y.

HIGHWAY DEPARTMENT

STANDARD CURB DETAILS

*Revised*

July 1, 1993 5/14/11

L.J.N.

1-X Sample

|   |  |   |                             |
|---|--|---|-----------------------------|
| <b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b> |  | OP ID JT<br>ADCON-1   | DATE (MM/DD/YY)<br>04/19/07 |
| PRODUCER  |  | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |                             |
| INSURED   |  | INSURERS AFFORDING COVERAGE   |                             |
|   |  | INSURER A: Utica First Insurance Company  |                             |
|   |  | INSURER B: NGM Insurance Company  |                             |
|   |  | INSURER C:  |                             |
|   |  | INSURER D:  |                             |
|   |  | INSURER E:  |                             |

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |
|----------|--|---------------|----------------------------------|-----------------------------------|--|
| A        | GENERAL LIABILITY  | ART003152415  | 07/10/06                         | 07/10/07                          | EACH OCCURRENCE \$ 1,000,000                     |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |               |                                  |                                   | FIRE DAMAGE (Any one fire) \$ 50,000             |
|          | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR   |               |                                  |                                   | MED EXP (Any one person) \$ 1,000                |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |               |                                  |                                   | PERSONAL & ADV INJURY \$ 1,000,000               |
|          |  |               |                                  |                                   | GENERAL AGGREGATE \$ 2,000,000                   |
|          |  |               |                                  |                                   | PRODUCTS - COMP/OP AGG \$ 2,000,000              |
| B        | AUTOMOBILE LIABILITY   | BLV60443      | 03/26/07                         | 03/26/08                          | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
|          | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   | BODILY INJURY (Per person) \$                    |
|          | <input checked="" type="checkbox"/> ALL OWNED AUTOS  |               |                                  |                                   | BODILY INJURY (Per accident) \$                  |
|          | <input checked="" type="checkbox"/> SCHEDULED AUTOS  |               |                                  |                                   | PROPERTY DAMAGE (Per accident) \$                |
|          | <input type="checkbox"/> HIRED AUTOS   |               |                                  |                                   |  |
|          | <input type="checkbox"/> NON-OWNED AUTOS   |               |                                  |                                   |  |
|          | GARAGE LIABILITY   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$                       |
|          | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC \$                  |
|          |  |               |                                  |                                   | AGG \$   |
|          | EXCESS LIABILITY   |               |                                  |                                   | EACH OCCURRENCE \$                               |
|          | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  |               |                                  |                                   | AGGREGATE \$                                     |
|          | <input type="checkbox"/> DEDUCTIBLE  |               |                                  |                                   | \$   |
|          | RETENTION \$   |               |                                  |                                   | \$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |               |                                  |                                   | WC STATUTORY LIMITS \$                           |
|          |  |               |                                  |                                   | OTH-ER \$  |
|          |  |               |                                  |                                   | E.L. EACH ACCIDENT \$                            |
|          |  |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE \$                    |
|          |  |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT \$                   |
|          | OTHER  |               |                                  |                                   |  |

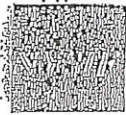
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Town of Eastchester as Additional Insured. This certificate is issued as evidence of insurance

1-X Sample

|                      |   |                                     |   |
|----------------------|---|-------------------------------------|---|
| CERTIFICATE HOLDER   | Y | ADDITIONAL INSURED; INSURER LETTER: | CANCELLATION  |
| Town of Eastchester  |   | TOWN-05                             | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. |
| 40 Mill Road         |   |                                     | AUTHORIZED REPRESENTATIVE   |
| Eastchester NY 10709 |   |                                     |   |



**New York State Insurance Fund***Workers' Compensation & Disability Benefits Specialists Since 1914*

105 CORPORATE PARK DRIVE SUITE 200, WHITE PLAINS, NEW YORK 10604-3814

Phone: (914) 253-4871

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

AAAAAA

**POLICYHOLDER**

NY 10550

**CERTIFICATE HOLDER**

TOWN OF EASTCHESTER

40 MILL RD

EASTCHESTER NY 10709

**POLICY NUMBER****CERTIFICATE NUMBER****PERIOD COVERED BY THIS CERTIFICATE**

05/26/2007 TO 05/26/2008

**DATE**

11/30/2007

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1422 450-5 UNTIL 05/26/2008, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 05/26/2008 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NOT APPLY TO BUILDING DEMOLITION.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

**NEW YORK STATE INSURANCE FUND**

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5729

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

|  |  |
|--|--|
| <p>1a. Legal Name and address of Insured (Use street address only)</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p> | <p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p>   |
| <p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of Eastchester<br/>40 Mill Road<br/>Town Hall<br/>Eastchester, New York 10709</p>          | <p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number or entity listed in box "1a":</p> <p>3c. Policy effective period:<br/>1/10/08 to 1/10/09</p> <p>3d. The Proprietor, Partners or Executive Officers are:</p> <p><input checked="" type="checkbox"/> included. (Only check box if all partners/officers included,<br/><input type="checkbox"/> all excluded or certain partners/officers excluded.</p> <p>3e. Demolition is: (Definition of Demolition on Reverse)</p> <p><input checked="" type="checkbox"/> included.<br/><input type="checkbox"/> excluded.</p> |

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form New York (NY) must be listed under item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail) Otherwise, this Certificate is valid for a maximum of one year after this form is approved by the insurance carrier or its licensed agent.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: \_\_\_\_\_  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: \_\_\_\_\_  
(Signature) (Date)

Telephone Number of authorized representative or licensed agent of insurance carrier: \_\_\_\_\_

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.