

Supervisor
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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

Superintendent of Highways
ROCCO LATELLA

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

highway@eastchester.org

HIGHWAY DEPARTMENT PERMIT REQUIREMENTS FOR SANITARY SEWER REPAIR OR INSTALLATION

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 lessor 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. 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 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** – In order to calculate the cost, the homeowner/contractor must use a property survey to provide the footage between the property line to the center line of the roadway (or the length of the excavation for sewer line repair).

Base Permit Fee -\$225.00(Includes 15 S.F.) ***Additional Fee*** of \$6.00 per S.F. of Excavation that exceeds 15 S.F. – Minimum trench width used to calculate fee is three (3) feet. Personal/Bank Check or Money order payable to Town of Eastchester. (Utility Company or Contractors Performing Work for Utility Company - \$350.00 Base Permit Fee & \$8.00 per S.F. of excavation that exceeds 15 S.F.)

- 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 or via phone 914-771-3317.

TECHNICAL SPECIFICATION AND REQUIREMENTS:

1. Standard Sanitary Sewer Specifications:

Connection – A Saddle must be used in order to connect into the Town Sewer Main. **The Highway Department must inspect the pipe before the saddle is installed.** Inspections by appointment ONLY must be made 24.0 hours in advance with the Highway Department 914-961-8540. Inspections are performed Monday – Friday between the hours of 8:30 a.m. – 11:30 a.m.

Backfilling/Trench Restoration – No Backfilling shall be done until the Superintendent of Highways or a General Foreman makes the required inspection. At that time backfilling will be authorized providing that the work is in compliance with the Town requirements. The Superintendent of Highways shall have the right to require the applicant, at their expense, to uncover the work so that the required inspection can be made. This may result in forfeiture of the \$1,750.00 performance security deposit. BACKFILLING must be performed in accordance with the Attached TRENCH RESTORATION Specifications.

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.

Steel plates of adequate size and thickness shall cover all excavations exceeding 2” below road grade. These plates shall be spiked in place until the concrete plug shall be deemed ready for traffic. When snowfall is expected the permittee **MUST** call the Town of Eastchester, Highway Department at 914-961-8540 to report the location(s) of their steel plates.

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 _____

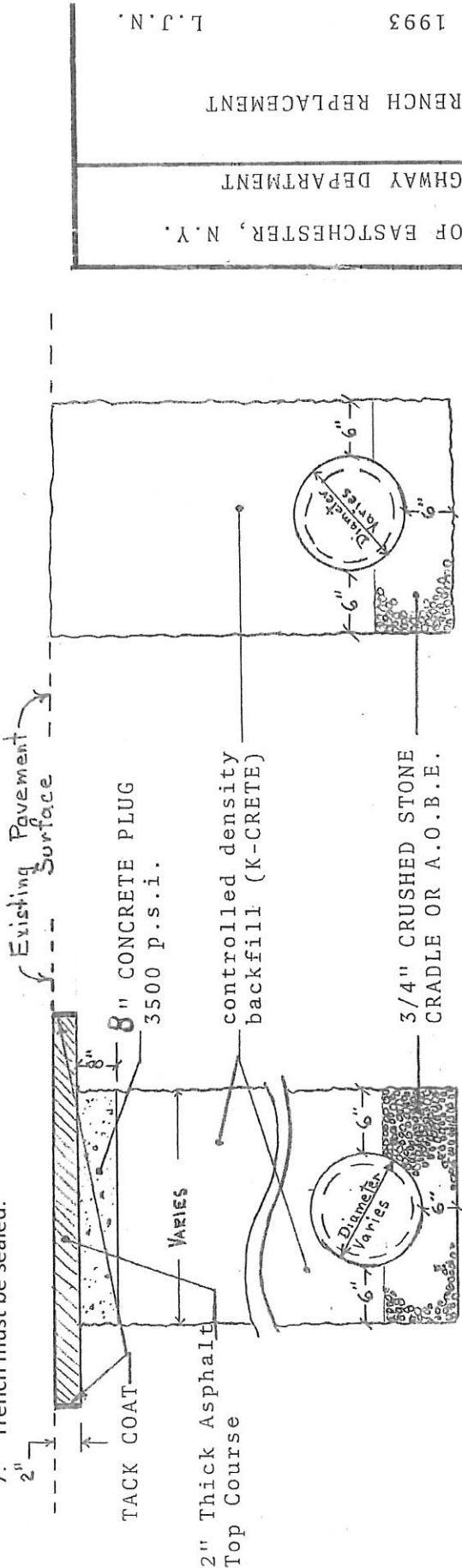
March 5, 2021

TOWN OF EASTCHESTER TRENCH PAVEMENT RESTORATION

DETAILED DIAGRAM BELOW

Requirements:

1. Temporary Pavement Replacement shall be permitted only when asphalt pavement plants are closed.
2. The Town of Eastchester Highway Department must be notified at least 24 hours prior to the placing of the K-Crete Backfill.
3. Steel plates must be maintained at all times over the trenches until backfill has been completed; including when the excavation is made for the concrete plug.
4. A concrete plug 8" thick (3,500 psi) shall be placed with the proper allowances made for a 2" thick asphalt top course to be placed over the concrete plug.
5. For a Permanent patch the pavement shall be saw-cut back curb to curb at a length designated by the Superintendent of Highways and a depth of 2" minimum.
6. New Bituminous pavement surface minimum 2" compacted shall be placed thereon and rolled in an acceptable with the minimum of 3 to 5 ton roller.
7. Trench must be sealed.



THE DETAILS SHOWN APPLY WHEN ANY AND ALL TRENCH EXCAVATION SHALL BE PERFORMED IN A TOWN STREET OR SIDEWALK AREA.

8/2017 PERMANENT

TEMPORARY

1: Xample

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID JL ADCON-1	DATE (MM/DD/YY) 04/19/07
INSURER		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.	
		INSURERS AFFORDING COVERAGE	
INSURED		INSURER A: Utica First Insurance Company	
		INSURER B: NCM 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.

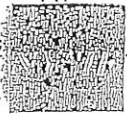
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ART003152415	07/10/06	07/10/07	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 500,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	B1V60443	03/26/07	03/26/08	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> 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: Xample

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
Town of Eastchester 40 Mill Road Eastchester NY 10709		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. AUTHORIZED REPRESENTATIVE:

**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 UNDERWRITINGThis certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-8729

U-28.3 VALIDATION NUMBER: 1054041443

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 40 Mill Road Town Hall Eastchester, New York 10709</p>	<p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of entity listed in box "1a":</p> <p>3c. Policy effective period: 1/10/08 to 1/10/09</p> <p>3d. The Proprietor, Partners or Executive Officers are: <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included. <input type="checkbox"/> all excluded or certain partners/officers excluded.</p> <p>3e. Demolition is: (Definition of Demolition on Reverse) <input checked="" type="checkbox"/> included. <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.