

APPLICATION FOR RIGHT-OF-WAY ACCESS REVIEW (CONTINUED)

(Rev. 12-03)

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Contractor (if known): _____

Contractor Phone No.: _____

Contractor Address: _____

Contractor Contact Name: _____

Proposed Construction Start Date: _____

Completion Date: _____

I, _____ am the owner of the premises _____
(Owner - Print Name) (Address of Proposed Access)

located in the City of Albany, New York and identified on this application as the location of the proposed work and I understand that I have not been granted approval to construct the proposed right-of-way access until the City of Albany has completed a comprehensive review of this application and issued a written approval letter from the City of Albany Department of General Services (DGS) for this work. I have attached the **non-refundable fifty-dollar (\$ 50.00) application reviewing fee** with this application.

If this application is approved, I or my contractor performing the approved work shall apply for a City of Albany Street Opening Permit for work in the right-of-way, pay all associated fees, and secure all necessary insurance. Note: City of Albany Street Opening Permit Applications are available at the Department of General Services.

(Owner Signature)

(Applicant Signature, if different)

(Date)