

State of New York
Department of Transportation

PERM 42 (09/09)

Highway Work Permit



Permit No.: 20180470107

Date Issued: 07/24/2018

Project ID No.:

Expiration Date: 06/30/2019

***Permittee 1:**

NEW YORK STATE ELECTRIC & GAS

1300 SCOTTSVILLE ROAD

ROCHESTER, NY 14624

Emergency Contact: NYSEG EMERGENCY

Emergency Number: 800-572-1121

***Permittee 2:**

DDS COMPANIES

45 HENDRIX ROAD

W. HENRIETTA, NY 14586

Under the provisions of the Highway Law or Vehicle & Traffic Law, permission is hereby granted to the permittee to:

INSTALLATION AND EVENTUAL REMOVAL OF 2 TEMPORARY DRIVEWAYS TO SUPPORT NYSEG'S PHELPS NATURAL GAS PIPELINE PROJECT, PERMIT 20180469928. **NOTE: ONLY EMPLOYEES OF NEW YORK STATE ELECTRIC & GAS AND DDS COMPANIES ARE AUTHORIZED TO WORK WITHIN THE STATE RIGHT-OF-WAY FOR THIS PERMIT WORK. ****ALL INSURANCE COVERAGE MUST BE KEPT IN FORCE UNTIL PERMIT EXPIRATION DATE TO AVOID INVALIDATION OF PERMIT.

THE PERMITTEE IS RESPONSIBLE FOR TEMPORARY TRAFFIC CONTROL IN ACCORDANCE WITH THE NATIONAL MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES AND THE NYS SUPPLEMENT. ANYONE WORKING WITHIN THE HIGHWAY RIGHT-OF-WAY SHALL WEAR HIGH-VISIBILITY APPAREL MEETING THE ANSI 107-2004 CLASS II STANDARDS AND A HARD HAT.

County	Municipality	State Hwy	State Route	Beg Ref	End Ref
ONTARIO	GENEVA	334	14	14 44043015	14 44043016

as set forth and represented in the attached application at the particular location or areas, or over the routes as stated therein, if required; and pursuant to the conditions and regulations general or special, and methods of performing work, if any; all of which are set forth in the application and form of this permit. See additional conditions on PAGE 2.

THIS PERMIT IS ISSUED BASED ON ALL LOCAL, STATE, AND FEDERAL REQUIREMENTS BEING SATISFIED.

Dated at: Rochester Date Signed: 07/24/2018 Commissioner of Transportation By: Paul J. Spitzer

IMPORTANT:

THIS PERMIT, WITH APPLICATION AND DRAWING (OR COPIES THEREOF) ATTACHED, SHALL BE PLACED IN THE HANDS OF THE CONTRACTOR BEFORE ANY WORK BEGINS. THE HIGHWAY WORK PERMIT SHALL BE AVAILABLE AT THE SITE DURING CONSTRUCTION.

BEFORE WORK IS STARTED AND UPON ITS COMPLETION, THE PERMITTEE ABSOLUTELY MUST NOTIFY:

Greg Trost, Assistant Resident Engineer 585 396-4955

"UPON COMPLETION OF WORK", SECOND TO LAST PAGE, MUST BE COMPLETED, SIGNED BY THE PERMITTEE, AND DELIVERED TO THE RESIDENT ENGINEER.

The issuing authority reserves the right to suspend or revoke this permit at its discretion without a hearing or the necessity of showing cause, either before or during the operations authorized.

The Permittee will cause an approved copy of the application to be and remain attached hereto until all work under the permit is satisfactorily completed, in accordance with the terms of the attached application. All damaged or disturbed areas resulting from work performed pursuant to this permit will be repaired to the satisfaction of the Department of Transportation.

*** Upon completion of the work within the state highway right-of-way authorized by the work permit, the person, firm, corporation, municipality, or state department or agency, and his/her or its successors in interest, shall be responsible for the maintenance and repair of such work or portion of such work as set forth within the terms and conditions of the work permit.**

Permit Fee : \$200.00

Insurance Fee: \$0.00

Total Fees: \$200.00

UOF: App 1: No App 2: No

Attachments and additional requirements to this Highway Work Permit include:

PERM 33 - Highway Work Permit Application for Non_Utility Work

PERM 10 - Charge Account Agreement - Applicant 1

PERM 41-1d - Method of Performing Work within the State Right of Way

PERM 50 - Inspection and/or Supervision Payment Agreement for Highway Work Permits

Other - Attach 1

Smart growth compliance attestation

Other - Attach 3

Standard General Plan Notes

Other - Attach 4

WZTC detail TAST-C4R

END OF ATTACHMENTS

PERM 42 (09/09)

State of New York
Department of Transportation

Highway Work Permit



Permit No.: 20180470107

Date Issued: 07/24/2018

Project ID No.:

Expiration Date: 06/30/2019

Return this page to:

Greg Trost, Assistant Resident
Engineer

1140 E. Union Street
Newark, NY 14513

Permittee 1: NEW YORK STATE ELECTRIC & GAS
1300 SCOTTSVILLE ROAD

ROCHESTER, NY 14624 -

UPON COMPLETION OF WORK AUTHORIZED, THIS PAGE OF THE PERMIT MUST BE COMPLETED, SIGNED BY THE PERMITTEE, AND DELIVERED TO THE RESIDENT ENGINEER.

Work authorized by this permit has been completed. Refund of deposit or return/release of bond is requested.

DATE PERMITTEE AUTHORIZED AGENT (if any)

TO BE COMPLETED BY NYSDOT:

Work authorized by this permit has been satisfactorily completed and is accepted. Inspection Report must be completed.

- Refund of Deposit is authorized
- Return of Bond is authorized
- Unable to meet schedule as specified in bid proposal
- Amount charged against Bond may be released.
- Retain bond for future permits
- Forfeit of Guarantee Deposit is authorized
- Other

DATE RESIDENT ENGINEER

- Mailing address of refund has been verified.
- If different, list new address:

The Regional Office will forward this form to the Main Office with the appropriate box checked.

- Permit closed
- Bond returned/released
- Refund of Guarantee Deposit on this permit is authorized
- Forfeit Guarantee Deposit to NYSDOT
- Other

DATE REGIONAL TRAFFIC ENGINEER

INSPECTION REPORT

For each Highway Work Permit issued, inspections will be performed. The following report must be completed for each site visit, indicating the date, inspector, and hours spent on inspection. **If the total inspection time exceeds 1 hour, then a FIN 12 (PERMIT INSPECTION FOR DEPARTMENT SERVICES) is REQUIRED.**

INSPECTION REPORT LOG

HOURS WORKED BY DATE									HOURS	
Inspector Name	Date Inspected								Regular	Overtime
	Regular									
	Overtime									
Inspector Name	Date Inspected								Regular	Overtime
	Regular									
	Overtime									
Inspector Name	Date Inspected								Regular	Overtime
	Regular									
	Overtime									

Complete hours for each date inspected.
 Add regular hour numbers across rows, and then overtime hours across rows.
 Add hour columns down for total hours of permit inspection time.

COMMENTS/OBSERVATIONS:

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

 NAME TITLE

Revision Date: 5/5/2016



Department of
Transportation

Form PERM 33 (July 2015) Highway Work Permit Application for Non-Utility Work

Instructions and Form

(For Commercial Driveways, use Form PERM 33-COM)

INSTRUCTIONS FOR COMPLETING THE APPLICATION

FRONT OF APPLICATION

Three (3) copies of the entire application, work plans and all other supporting documents must be submitted. At the time of application, certain information relative to fees and deposits may be contingent upon determinations to be made by the Department. In such cases, the information may be left blank and remittance withheld until a determination is made.

Please complete the following:

- Permittee name, address, phone and email address. Provide joint applicant contact information, if appropriate. If there are additional applicants, attach contact information on a separate sheet.
- Name and phone number(s) of emergency contact person.
- If permit is to be returned to someone other than the applicant, complete this section.
- If the guarantee deposit or bond is to be returned to someone other than applicant, complete this section.
- Estimate the cost of work being performed in the state highway right-of-way and provide this figure.
- Indicate anticipated duration of work to be performed with starting date and ending date.
- Indicate the form of insurance coverage to be provided.
- Give a brief description of the work that is proposed to be done under this permit.
- Indicate whether any overhead and/or underground work (5 foot or greater depth) is included in the proposed work.
- Plans and specifications should accompany this application for any work that involves construction within the state highway right-of-way. Place a check mark on the lines for plans and specifications if they are attached to this application.
- Location of the project should be identified by State Route, highway reference marker(s), and the municipality and county in which work area is located.
- In regard to State Environmental Quality Review (SEQR), indicate the type of action, the name of the Lead Agency, and what date the final determination was made, if available.
- Signature of applicant and date.
- Signature of second applicant, if any, and date.

BACK OF APPLICATION

- Check type of work that will be performed.
- In the appropriate column, indicate total amount of permit fees (Include insurance fee for residential work)
- Indicate type of performance security provided (bond, deposit, letter of credit), if required.
- Indicate check number of deposit or bond number.

RESPONSIBILITIES OF PERMITTEE
PURSUANT TO NON-UTILITY HIGHWAY WORK PERMITS

NOTE: FAILURE TO OBTAIN A PERMIT OR FAILURE TO COMPLY WITH THE TERMS OF A PERMIT MAY RESULT IN THE DEPARTMENT HALTING THE ACTIVITY FOR WHICH A PERMIT IS REQUIRED UNTIL ADEQUATE CORRECTIONS HAVE BEEN MADE.

1. LIMITATIONS ON USE: The specific site identified in this Highway Work Permit, and only that site identified, will be available for use by Permittee only for the purpose stated in this Permit and only on the date(s) and for the duration designated in this permit. This Permit does not authorize any infringement of federal, state or local laws or regulations, is limited to the extent of the authority of NYSDOT and is transferable and assignable only with the written consent of the Commissioner of Transportation. The Commissioner reserves the right to modify fees and to revoke or annul the Permit at any time, at his/her discretion without a hearing or the necessity of showing cause.

2. CONDITIONS OF USE: NYSDOT makes no affirmation that the state-owned site used for the work has been designed, constructed, or maintained for the purpose of the conduct of the work. The Permittee assumes full responsibility for planning and conducting a safe and orderly project that does not expose workers or the public to any unreasonable hazards and that involves a minimal disruption of the normal uses of the state and local highway systems. It shall be the sole obligation of the Permittee to determine whether the site is suitable for the purpose of safely conducting the work. The Permittee assumes all responsibility for assuring that the use of the highway/property conforms to applicable requirements of law, including, but not limited to those set forth herein.

Permittee agrees to assure compliance with New York Labor Law, industrial regulations, and OSHA regulations, and to assure the safety of all workers who will be engaged to do the permitted work.

3. INSURANCE COVERAGE: Permittee must have the insurance that is required for the type and extent of the work being performed.

Permittee agrees to maintain liability insurance in full force and effect throughout the term of the highway work permit. Expiration of, or lack of, liability insurance automatically terminates the permit.

To comply with this requirement, an applicant must furnish the Department with one of the following:

- A completed **Certificate of Insurance** evidencing the required types and limits of insurance coverage, with New York State Department of Transportation named as an additional insured on the commercial general liability policy. An industry standard **ACORD 25** form with an **ACORD 855** Addendum is acceptable evidence of the required coverage. Certificate Holder should be indicated as New York State Department of Transportation, with the address of the issuing office.
- A fully executed **Undertaking Agreement** may be provided by Municipalities, Public Utilities, Transportation Corporations, Public Service Corporations or Railroads, as an alternative to providing proof of commercial general liability the insurance.
- **Homeowners** applying for a residential work permit (driveways, improvements or tree work) and performing their own work have the option to pay a **\$25 Insurance Fee**, and waive the requirement to provide insurance coverage. Any contractor doing work on the homeowner's behalf must be listed on the permit and provide satisfactory proof of insurance as set forth below.

See "PERM 33 Submission Package Requirements" on page 4 for more detailed guidance on insurance coverage.

4. COMPENSATION AND DISABILITY INSURANCE COVERAGE: Permittee is required to have compensation insurance and disability coverage as noted in the provisions of the Worker's Compensation Law and Acts amendatory thereof for the entire period of the permit, or the permit will be invalid. Applicant must provide proof of coverage (Form C-105.2, U-26.3 or SI-12 for Worker's Compensation, and DB-120.1 or DB-155 for Disability Benefits), or provide proof of exemption from this requirement (Form CE-200).

5. INDEMNIFICATION: Permittee agrees that, in addition to any protection afforded to NYSDOT under any available insurance, NYSDOT shall not be liable for any damage or injury to the Permittee, its agents, employees, or to any other person, or to any property, occurring on the site or in any way associated with Permittee's activities or operations; whether undertaken by Permittee's own forces or by contractor or other agents working on Permittee's behalf. To the fullest extent permitted by law, the Permittee agrees to defend, indemnify and hold harmless the State of New York, NYSDOT and their agents from and against all claims, damages, losses and expenses, including but not limited to attorneys' fees, arising out of any claim, including but not limited to claims for personal injuries, property damage or wrongful death and/or environmental claims, in any way associated with the Permittee's activities or operations, no matter how caused.

6. NOTIFICATION: The following should be notified at the appropriate time as shown below:

- Commissioner of Transportation, through the NYSDOT regional office, one week prior to commencing work.
- Area gas distributors, 72 hours prior to any blasting.
- Utility companies with facilities in work areas, before starting work (in accordance with Industrial Code 53).
- Permission from utility company must be obtained before commencing work affecting the utilities' facilities.
- NYSDOT regional signal maintenance shop, 3 days prior to starting work (traffic signal work).
- NYSDOT regional office, at conclusion of work, and return original copy of permit to Resident Engineer.

NOTIFICATION FOR ANNUAL PERMITS: Notify by phone, the Regional or Resident Engineer's Office, one week in advance, each time regular maintenance work is to be performed. In emergencies, notification by phone, fax or email should be made as soon as is practical, no later than the next business day.

PERM 33 Submission Package Requirements

Submit three (3) copies of the final submission package: Submission package must include the entire PERM 33 with all work plans and supporting documents, including the following (check all that apply):

<input type="checkbox"/>	Stamped Final Plans – Submit in PDF file format on CD, with three (3) paper copies (1" = 50'), or as requested
<input checked="" type="checkbox"/>	ACORD 25 - Certificate of Insurance, with NYSDOT named as Additional Insured (See line 3 below).
<input checked="" type="checkbox"/>	ACORD 855 - New York Construction Certificate of Liability Insurance Addendum (See line 3 below).
<input type="checkbox"/>	PERM 1, 2, 6 or 16 - Undertaking Agreement, if applicable (See line 4 below).
<input type="checkbox"/>	PERM 36 - Attachment to Highway Work Permit – Consultant Inspection, if applicable
<input type="checkbox"/>	PERM 44 - Surety Bond – Performance bond in Applicant's name, or deposit (Bank cashier's check required)
<input type="checkbox"/>	PERM 50 – Inspection/Supervision Payment Agreement, if applicable
<input checked="" type="checkbox"/>	Proof of Worker's Compensation Insurance (Form C-105.2, U-26.3 or SI-12), or proof of exemption (Form CE-200)
<input checked="" type="checkbox"/>	Proof of Disability Benefits Coverage (Form DB-120.1 or DB-155), or proof of exemption (Form CE-200)
<input checked="" type="checkbox"/>	Permit Fee (Include \$25 Insurance Fee for residential operations)
<input type="checkbox"/>	Other (specify):

Insurance Requirements

- 1) In most cases, Permittee must provide proof of **Commercial General Liability** insurance coverage with limits of liability not less than **\$1,000,000** per claim/occurrence, unless any of the following circumstances exist, in which case the limits of liability shall not be less than **\$5,000,000** per claim/occurrence:
 - (a) The estimated value of permitted work in state right-of-way is \$250,000 or more (see line 6 below);
 - (b) The permitted work requires or includes the construction, alteration or maintenance of underground features at any depth five feet or more below grade;
 - (c) The permitted work requires or includes the construction, alteration or maintenance of overhead features that include, but are not limited to, traffic signals, overhead sign structures, retaining walls or other grade separation structures.
- 2) Exceptions to the above liability limits include: (a) Annual maintenance permits require limits of liability not less than \$5,000,000 per claim/occurrence; (b) Permits for vegetation control activities require limits of liability not less than \$1,000,000 per claim/occurrence; (c) Residential driveway permits require limits of liability not less than \$500,000 per claim/occurrence; and (d) Adopt-a-Highway permits are exempt.
- 3) **ACORD 25** with **ACORD 855** (New York Construction Addendum) shall be submitted as an acceptable proof of liability coverage. New York State Department of Transportation should be named as Additional Insured and as the Certificate Holder at the address of the issuing office.
- 4) Municipalities, public utilities, public authorities and railroads may elect to provide a fully executed Undertaking Agreement as a substitute for providing proof of insurance coverage, or any other financial security otherwise required.
- 5) Homeowners may pay a \$25 Insurance Fee in lieu of providing proof of insurance, however any contractor performing on behalf of a homeowner and who is named on the permit must provide proof of insurance as outlined above.
- 6) When the estimated cost of work being performed in the right-of-way equals or exceeds \$250,000, Permittee must additionally provide proof of a **Protective Liability (OCP)** insurance policy with a minimum liability limit of \$1,000,000 per occurrence, with New York State Department of Transportation as Named Insured.

Permittee agrees to maintain liability insurance in full force and effect throughout the term of the highway work permit. Expiration of, or lack of, liability insurance coverage automatically terminates the permit.

For more information on insurance requirements, go to: www.dot.ny.gov/permits-insurance

7. SITE CARE AND RESTORATION: A bond, deposit (bank cashier's check), or a Letter of Credit, in an amount designated by the Department of Transportation, may be required before a permit is issued, in order to guarantee restoration of the site to its original condition. A fully executed Undertaking Agreement may be accepted as an alternative security, where applicable. If the Department is obliged to restore the site to its original condition, the costs to the Department will be deducted from the amount of the permittee's deposit at the conclusion of the work. Costs in excess of the bond/deposit on file will be billed directly to the permittee. If permittee posts a Letter of Credit, the Department may elect to have a contractor restore the site, and issue a draft drawn against the Letter of Credit as payment.

- Anyone working within state highway right-of-way must wear **high visibility apparel** and **hard hat** meeting ANSI Class 2 requirements.
- No unnecessary obstruction is to be left on the pavement or the state highway right-of-way, or in such a position as to block warning signs during non-working hours.
- No work shall be done to obstruct drainage or divert creeks, water courses or sluices onto the state highway right-of-way.
- All false work must be removed and all excavations must be filled in and restored to the satisfaction of the Regional Maintenance Engineer.

8. COSTS INCURRED BY ISSUANCE OF THIS PERMIT: All costs beyond the limits of any liability insurance, surety deposits, etc. are the responsibility of the permittee. The State shall be held free of any costs incurred by the issuance of this permit, direct or indirect.

9. SUBMITTING WORK PLANS: The applicant will submit three (3) copies of work plans and/or maps as required by the Department. This shall include (but not limited to) such details as: measurements of driveways with relation to nearest property corner; location of existing and proposed poles, guide rail, signal equipment, trees or drainage structures; positions of guys supporting poles; a schedule of the number of poles and feet of excavation necessary for completion of work on the State right-of-way. A description of the proposed method of construction will be included.

- Plan work with future adjustments in mind, as any relocation, replacement or removal of the installation authorized by this permit and made necessary by future highway maintenance, reconstruction or new construction, will be the responsibility of the permittee.
- Driveway plans should be prepared in accordance with NYSDOT POLICY AND STANDARDS FOR ENTRANCES TO STATE HIGHWAYS.
- The permittee must coordinate the work with any State construction being conducted.

10. TRAFFIC MAINTENANCE: A plan detailing how the permittee intends to maintain and protect traffic shall be submitted with work plans. Traffic shall be maintained on the highway in a safe manner during working and non-working hours until construction is completed. The permittee is responsible for traffic protection and maintenance, including adequate use of signs, barriers, and flag persons during working and non-working hours until construction is completed. All sketches will be stamped with "MAINTENANCE OF TRAFFIC SHALL BE IN CONFORMANCE WITH THE NATIONAL MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES."

11. COST OF INSPECTION AND SUPERVISION: Prior to issuance of the Highway Work Permit, the permittee may be required to sign an INSPECTION PAYMENT AGREEMENT FOR HIGHWAY WORK PERMITS (FORM PERM 50) agreeing to the payment of construction inspection charges, based on the number of work days involved. In certain cases, the permittee may also be required to sign a PAYMENT AGREEMENT FOR HIGHWAY WORK PERMITS DESIGN REVIEW (FORM PERM 51) agreeing to design review charges, based on the number of work hours in which Department employees were engaged in design review activity.

12. SCOPE:

- **Areas Covered:** Permits issued are for highways, bridges and culverts over which the New York State Department of Transportation has jurisdiction. (Local governments issue permits for highways under their jurisdiction.) Work locations must be approved by the Department.
- **Maintenance:** Unless noted otherwise, applicant shall be fully responsible for the maintenance of all items installed and/or altered as shown on the approved permit plans and documents. Property owners having access to a state highway shall be fully responsible for the maintenance of their driveway in accordance with POLICY AND STANDARDS FOR ENTRANCES TO STATE HIGHWAYS.
- **Work Commencement:** The Permittee shall have a copy of the permit available at the site during the construction period. Work should start within 30 days from validation date of permit or said permit may be revoked.

13. REPORTING ACCIDENTS: Permittee is required to report any accidents that occur during the course of the permit work to their insurance company, and to provide the Department with a copy of any such report.

14. COMPLETION OF PROJECT: Upon completion of the work within the State highway right-of-way authorized by the work permit, the person and his or its successors in interest shall be responsible for the maintenance and repair of such work or portion of such work as set forth within the Terms and Conditions of the Highway Work Permit.

STATE OF NEW YORK DEPARTMENT OF TRANSPORTATION
HIGHWAY WORK PERMIT APPLICATION FOR NON-UTILITY WORK

Application is hereby made for a highway work permit:

For Joint application, name and address of Applicant 2 below:

Name New York State Electric & Gas Corp

Name DDS UTILITIES INC

Address 1300 Scottsville Road

Address 45 Hendrix Rd

City Rochester State NY Zip 14624

City W. Henrietta State NY Zip 14586

Applicant Phone (585) 771-4378

Applicant 2 Phone (585) 359-7540

Applicant Email Address David_Bovee@rge.com

Applicant 2 Email Address

Emergency Contact NYSEG Emergency

Emergency Phone (1800) 572-1121

RETURN PERMIT TO: (if different from Permittee)

RETURN DEPOSIT/BOND TO: (if different from Permittee)

Name

Name

Address

Address

City State Zip

City State Zip

DESCRIPTION OF PROPOSED WORK:

Approximately 100 feet of 12-inch steel gas main is proposed to be installed via conventional bore under NYS Route 14. See attached plans for further detail. Questions of a technical nature should be directed to Mark Petroski, DDS Companies 585-340-0506. INSTALLATION & EVENTUAL REMOVAL OF 2 TEMPORARY DRIVEWAYS TO SUPPORT NYSEG'S PUEBLO NATURAL GAS PIPELINE PROJECT, PERMIT # 20180469928.

Estimated cost of work being performed in highway right-of-way: \$ 20,000

Anticipated duration of work: From June 2018 to Nov 2018 (applies to the operations indicated on the reverse side)

WILL OVERHEAD OR UNDERGROUND (5'+) OPERATIONS BE INVOLVED IN THE PROPOSED WORK? YES [X] NO []

ATTACHED: Plans [X] Specifications []

LOCATION: State Route: 14 Located Between Reference Markers 14-4404-3015 and 14-4404-3014

City/Town/Village of Phelps County of Ontario

SEQR REVIEW (select one)

[X] Type II [] Type I [] Unlisted LEAD AGENCY: DATE OF DETERMINATION:

Insurance (check one): [] General Liability Insurance [X] Undertaking [] Insurance Fee (residential operations only)

NOTE: PERMIT IS ISSUED CONTINGENT UPON ALL LOCAL REQUIREMENTS BEING SATISFIED

ACKNOWLEDGMENT: ON BEHALF OF THE APPLICANT, I HEREBY REQUEST A HIGHWAY WORK PERMIT, AND DO ACKNOWLEDGE AND AGREE TO THE RESPONSIBILITIES OF PERMITTEE AND THE OTHER OBLIGATIONS SET FORTH IN THIS PERMIT AND WARRANT COMPLIANCE THEREWITH.

Applicant Signature David Bovee

Date

Applicant 2 Signature

Date 7/16/2018

Approval recommended by Resident Engineer

Res No 45 Date 24 JUL 2018

Approved by Regional Traffic Engineer

Reg No Date

Operational Type and Description			Permit Fee	Insurance Fee	Total Fees
					\$ 200.00
DRIVEWAYS					
<input type="checkbox"/>	5a1	Residential Driveway (includes field entrances)	15	25	
<input checked="" type="checkbox"/>	5a6	Temporary access road or street	200		200.00
<i>For Commercial Driveways and subdivisions streets, use form PERM 33-COM</i>					
IMPROVEMENTS					
<input type="checkbox"/>	5b1	Residential	15	25	
<input type="checkbox"/>	5b2a	Commercial- Sidewalk, curb paving, drainage, etc.	200		
<input type="checkbox"/>	5b2b	Commercial – Grade, seed, improve land contour, clear brush	100		
<input type="checkbox"/>	5b2c	Commercial – Resurface existing road or driveway	50		
<input type="checkbox"/>	5b2d1	Annual resurfacing of roadways and driveways – PER COUNTY	150		
		Number of counties:			
<input type="checkbox"/>	5b2d2	Annual resurfacing of roadways and driveways – PER REGION	400		
TREE WORK					
<input type="checkbox"/>	5c1	Residential	15	25	
<input type="checkbox"/>	5c2a	Commercial removal or planting	25		
<input type="checkbox"/>	5c2b	Commercial pruning, applying chemicals to stumps	25		
<input type="checkbox"/>	5c3	Vegetation control for advertising signs – PER SIGN	150		
		Number of Signs:			
MISCELLANEOUS CONSTRUCTION AND WORK OPERATIONS					
<input type="checkbox"/>	5d1	Beautify ROW (civic groups only)	N/C		
<input type="checkbox"/>	5d2a	Temporary signs, banners, décor (not-for-profit organizations)	N/C		
<input type="checkbox"/>	5d2b	Temporary signs, banners, décor (other organizations)	25		
<input type="checkbox"/>	5d3	Traffic control signals	500		
<input type="checkbox"/>	5d4	Warning and entrance signs	25		
<input type="checkbox"/>	5d5	Miscellaneous – Requiring substantial review (describe below)	400		
<input type="checkbox"/>	5d6	Miscellaneous (describe below)	25		
OTHER TYPES OF HIGHWAY WORK PERMITS					
<input type="checkbox"/>	6	Encroachment caused by DOT acquisition of property	25		
<input type="checkbox"/>	7a1	Compulsory permit required for demolition requested by DOT	N/C		
<input type="checkbox"/>	7a2	Compulsory permit required for moving requested by DOT	N/C		
<input type="checkbox"/>	7b	Improvement to meet Department standards	N/C		
<input type="checkbox"/>	8	Miscellaneous (describe below)	25		
<input type="checkbox"/>	9	Adopt-a-Highway (exempt from insurance requirement)	N/C		
Description of Miscellaneous Operation:					

PERFORMANCE SECURITY (Select one): Guarantee Deposit - Cash Performance Bond Letter of Credit

Guarantee Deposit Amount: _____

Guarantee Deposit Check Number or Bond Number _____

(To be completed by NYSDOT issuing office)

Project Identification Number _____

Highway Work Permit No. _____

State Highway (SH) Number _____

Record ID Number _____

**STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>DDS Utilities, Inc. 45 Hendrix Road West Henrietta, NY 14586</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 585-359-7540</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured NOT REQUIRED</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 20-4589473</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NYSDOT Permits 1530 Jefferson Road Rochester, NY 14623</p>	<p>3a. Name of Insurance Carrier Arch Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" ZAWCI9387501</p> <p>3c. Policy effective period <u>10/01/2017 to 10/01/2018</u></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>


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 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 one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

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: Robert Drew, McGriff, Seibels & Williams Inc.
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  7/12/18
(Signature) (Date)

Telephone Number of authorized representative or licensed agent of insurance carrier: 205-252-9871

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



NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE (MM/DD/YYYY)
10/19/2017

THIS ADDENDUM SUMMARIZES SOME OF THE POLICY PROVISIONS IN THE REFERENCED INSURANCE POLICIES AND IS ISSUED AS A MATTER OF INFORMATION ONLY; IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. ALL TERMS, EXCLUSIONS AND CONDITIONS IN THE ACTUAL POLICY SHOULD BE CONSULTED FOR A MORE DETAILED ANALYSIS OF COVERAGE, AS THIS ADDENDUM DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.

AGENCY McGriff, Seibels & Williams, Inc.		NAMED INSURED(S) DDS Constructors, LLC	
POLICY NUMBER ZAGLB9218501	EFFECTIVE DATE 10/01/2017	CARRIER Arch Insurance Company	NAIC CODE 11150

ADDENDUM INFORMATION CERTIFICATE NUMBER: REVISION NUMBER:

A. Insurer

- Admitted / authorized
- Excess line or free trade zone

B. General Liability (GL) policy form

- ISO / ISO modified
- Other

C. Specific operations excluded or restricted (GL policy)

- Location: _____
- Type of construction: _____
- Building height: _____
- Classifications [see attached declarations / endorsement]
- Designated work [see attached endorsement]

D. Additional insured endorsement (GL policy)

- CG 20 10 CG 20 26 CG 20 32 CG 20 33 CG 20 37 CG 20 38
- Other: #: _____ Title: _____

E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage

- Yes No and no other option is available with this insurer

F. Additional insured will receive advance notice if insurer cancels (GL policy)

- Yes No and no other option is available with this insurer

G. Blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted

- Yes and no other option is available with this insurer No changes made

H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy)

- Yes and no other option is available with this insurer No changes made

I. GL policy (including endorsements) does not cover the additional insured for claims involving injury to employees of the named insured or subcontractors (not workers' compensation)

- Yes and no other option is available with this insurer No changes made

J. Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy)

Yes and no other option is available with this insurer No changes made

K. Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured)

Yes and no other option is available with this insurer No changes made

L. Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted

Yes and no other option is available with this insurer No changes made

M. Excess / umbrella policy is primary and non-contributory for additional insureds

Yes, by specific policy provision Yes, by endorsement No and no other option is available with this insurer



AUTHORIZED REPRESENTATIVE SIGNATURE

10/02/2017

DATE (MM/DD/YYYY)



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
DDS Utilities Inc
45 Hendrix Rd
West Henrietta, NY 14586
1b. Business Telephone Number of Insured
(585) 359-7540
1c. Federal Employee Identification Number of Insured or Social Security Number 20-4589473

2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
NYS DOT PERMITS
1530 JEFFERSON ROAD
ROCHESTER, NY 14623
3a. Name of Insurance Carrier
Lincoln Life & Annuity Company of New York
3b. Policy Number of Entity Listed in box "1a"
000010230720
3c. Policy effective period:
06/27/2017 to 03/01/2019

4. Policy covers:
[X] A. Both disability and paid family leave benefits.
[] B. Disability benefits only.
[] C. Paid family leave benefits only.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
[] B. Only the following class or classes of the employer's employees:

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 NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 07/11/2018 By [Signature]
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 800-423-2765 Name and Title Paul Martin VP, Group Claims

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by NYS Workers' Compensation Board (Only if box 4C or 5B of Part 1 has been checked)

State of New York
Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed _____ By _____
(Signature of NYS Workers' Compensation Board Employee)
Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled 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 coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier

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 policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits 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 NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

**New York State Department of Transportation
Highway Work Permit Application Agreements**

Inspection and/or Supervision Payment Agreement

As a condition of the attached permit application and in consideration of the issuance of the attached permit, NYSEG as permittee, hereby agrees as follows:
The permittee will reimburse the New York State Department of Transportation for inspection and/or supervision of the permit work by Department employees which exceeds four work hours.

If the Department determines that the proposed work on a specific permit project will exceed five (5) workdays of inspection, the permittee will be required to secure the services of a reputable consulting engineering firm. This firm, upon approval by the Department, will be responsible for all inspection and/or supervision of the permit work.

It is estimated that _____ Work Days of inspection time will be required and that the cost per Work Day to be reimbursed, will be \$370.00. These estimates are not intended to be final and the permittee agrees to pay reimbursement for all reasonable expenses incurred by the Department of Transportation in necessary inspection and/or supervision of work performed pursuant to this permit, including supervising work inspected by consultants. The Department of Transportation shall be the sole judge of whether such inspection and/or supervision are necessary.

The permittee will be billed on a monthly basis and the permittee agrees to pay the charges as billed within thirty days of the date of billing. Failure to pay as billed within the specified time limit may result in the revocation of this permit.

Indemnity Agreement

In addition to the protection afforded to NYSDOT under any available insurance, NYSDOT shall not be liable for any damage or injury to the Permittee, its agents, employees, or to any other person, or to any property, occurring on the site or in any way associated with Permittee's activities or operations; whether undertaken by Permittee's own forces or by contractors or other agents working on Permittee's behalf. To the fullest extent permitted by law, the Permittee agrees to defend, indemnify and hold harmless the State of New York, NYSDOT, and their agents from and against all claims, damages, losses and expenses, including but not limited to attorneys' fees, arising out of any claim, including but not limited to claims for personal injuries, property damage or wrongful death and/or environmental claims, in any way associated with the Permittee's, activities or operations, no matter how caused.

By signing you have read and agree to abide by the above requirements and conditions.

Signature of Permittee or Authorized Representative

Print name, if a corporation or business include position/title

Date

Smart Growth Attestation for Category 1 Operations – Highway Work Permits

Pursuant to ECL Article 6, Section 6-0107, compliance with the Smart Growth criteria is deemed impracticable for Highway Work Permits involving Category 1 Operations, for reasons detailed in the following statement of justification.

- Highway Work Permits for Category 1 Operations do not lead to new, reconstructed or expanded infrastructure. Therefore, the issuance of these Permits will not contribute to the unnecessary costs of sprawl development, including environmental degradation, disinvestment in municipal centers, or loss of open space induced by sprawl.
- The NYSDOT's responsibility for Highway Work Permit applications involving Category 1 Operations is limited to issuing the permit and setting conditions to minimize impacts on public safety and infrastructure. NYSDOT does not have discretionary authority to deny permits for typical Category 1 Operations, involving the following work types:

1. PERM32m – Utility work

- Underground excavation and line installation – 1a1 –replace or upgrade
- Original Construction Service Connections – 1a2, 1a3, 1b3, 1b4
- Overhead erecting poles and towers – 1b1 replace existing
- Overhead running new lines – 1b2 – replace or upgrade
- Maintenance – 2a, 2b, 2c, 2d
- After Original Construction – 3a, 3b, 3c, 3d, 3e, 3f
- Misc Utility – 4

2. PERM33 – Non-utility Work

- Residential Driveways – 5a1
- Minor Commercial – 5a2, 5a2a
- Temporary Access Road or Street – 5a6
- Improvement – 5b1, 5b2a, 5b2b, 5b2c, 5b2d
- Tree Work – 5c1, 5c2, 5c3
- Miscellaneous Construction – 5d1, 5d2, 5d3, 5d4, 5d5, 5d6
- Encroachment caused by NYSDOT acquisition of property – 6
- Compulsory permit required for work performed at request of NYSDOT – 7a, 7b
- Miscellaneous – 8
- Adopt a Highway – 9



Commissioner (or designee)



Date