



DEPARTMENT OF PUBLIC WORKS  
Ben Walsh, Mayor

**LIABILITY WAIVER  
PERMIT APPLICATION & INSTRUCTIONS**

**REQUIRED FOR:** Closure or partial closure of a City street or sidewalk, or work occurring in the Right of Way.

**THIS APPLICATION PACKET CONTAINS:**

- 1) List of Required Submittals
- 2) Submittal Instructions
- 3) Liability Waiver Application
- 4) Parking Meter Rental Application

**REQUIRED SUBMITTALS:**

- **Application** – pages 2 and 3.
- **Parking Meter Rental Application** – page 4. If metered parking spaces are affected by work, applicant must submit this application and pay \$18.00 per space per day, excepting Sundays and holidays.
- **Application Fee** – \$50 non-refundable; check or Money Order payable to Commissioner of Finance.
- **Insurance Certificate** from contractor, listing the City of Syracuse as additional insured in the amount of at least \$1 million in General Liability.
- **Temporary Traffic Control Plan**
  - Must show all traffic control devices being used (signage, cones, barricades, etc.), as well as how the applicant will block off the street or sidewalk where the work is occurring.
  - Must show how the applicant plans to route pedestrian/vehicular traffic around the work.
  - Must show dimensions of street/sidewalk left open to pedestrian/vehicular traffic
  - Shall be in accordance with the Federal MUTCD (Manual of Uniform Traffic Control Devices) 2003 Edition.

**SUBMITTAL INSTRUCTIONS:**

- 1) Application must be completed in its entirety. Incomplete or partial applications will not be processed.
- 2) AT LEAST 10 DAYS PRIOR TO CONSTRUCTION, Application, Fees, and additional documents must be submitted to the:

**Central Permit Office**  
201 E. Washington St., Room 101  
Syracuse, NY 13202  
(P) 315-448-4715  
[CentralPermitOffice@SyrGov.net](mailto:CentralPermitOffice@SyrGov.net)  
[www.syr.gov.net/Central\\_Permit\\_Home.aspx](http://www.syr.gov.net/Central_Permit_Home.aspx)

Jeremy Robinson  
Commissioner

Martin E. Davis, L.S.  
Deputy Commissioner



Ann Fordock  
Deputy Commissioner

DEPARTMENT OF PUBLIC WORKS  
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**LIABILITY WAIVER APPLICATION**

**\$50.00 non-refundable application fee**

Company Name: \_\_\_\_\_

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

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Cellular: \_\_\_\_\_ 24-Hour: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Request: **PLEASE CHECK ALL THAT APPLY:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Lane Closure              | <input type="checkbox"/> Full Street Closure       | <input type="checkbox"/> Dumpster**        |
| <input type="checkbox"/> Partial Sidewalk Closure* | <input type="checkbox"/> Full Sidewalk Closure     | <input type="checkbox"/> Cranes In-Transit |
| <input type="checkbox"/> Concession Stand          | <input type="checkbox"/> Lift Truck, Window Washer | <input type="checkbox"/> Item on Sidewalk* |
| <input type="checkbox"/> Other _____               |  |  |

\* The applicant must verify there is 3' of uninterrupted sidewalk space for pedestrians.

\*\* The Waste Hauler must be licensed to operate in the City of Syracuse pursuant to Article 2, Chapter 14, of the City of Syracuse Revised General Ordinance's, Solid Waste Ordinance.

**Please provide business name of Waste Hauler:** \_\_\_\_\_

**OBSTRUCTED METERED LOCATIONS**

- The City of Syracuse shall be compensated for any parking revenue lost as a result of this project.
- Rates are \$18.00 per parking space per day.
  - Example: 2 spaces @\$18.00 = \$36.00 per day x 10 days (length of project) = \$360.00).
- Rates are charged Monday through Saturday, except for Holidays.
- Fees are due when the application is submitted.



# LIABILITY WAIVER APPLICATION

Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Task to Perform: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time/Day: \_\_\_\_\_

End Time/Day: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please print name: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

TTC Plan Attached: \_\_\_\_ Yes \_\_\_\_ No

Insurance Certificate Attached: \_\_\_\_ Yes \_\_\_\_ No

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Worker's Compensation Included? \_\_\_\_ Yes \_\_\_\_ No

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date TTC to DOT for Review: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date TTC back from DOT: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Waste Hauler Information: \_\_\_\_\_

Waiver #: \_\_\_\_\_