



DEPARTMENT OF PUBLIC WORKS
Stephanie A. Miner, 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 \$11.25 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 30 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
www.syrgov.net/Central_Permit_Home.aspx

John M. "Pete" O'Connor III
Commissioner



Thomas Simone
Deputy Commissioner

Martin E. Davis, L.S.
Deputy Commissioner

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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 ONLY ONE (1):**

- | | | |
|--|--|--|
| <input type="checkbox"/> Partial Street 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 \$11.25 per parking space per day.
 - Example: 2 spaces @\$11.25 = \$22.50 per day x 10 days (length of project) = \$225.00).
- 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 #: \_\_\_\_\_



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## PARKING METER RENTAL PERMIT APPLICATION & INSTRUCTIONS

**REQUIRED FOR:** Reserved use of a metered parking space(s) within the City of Syracuse.

**REQUIRED SUBMITTALS:**

- **Parking Meter Rental Permit Application** – signed by Applicant.
- **Application Fee** – \$11.25 per space per day. Non-refundable. Check or Money Order payable to Commissioner of Finance.

**TERMS & CONDITIONS:**

- Meter spaces or bags will only be issued when needed for the following purposes, or for a purpose approved by the Commissioner of Public Works.
  - The meter is within a designated work zone and appropriate permit is obtained from DPW
  - To place a dumpster, lift truck, dump truck, crane, etc. with appropriate permit from DPW
  - When a street cut is required within the parking area
  - Moving vans required for relocating businesses
  - Social or community events
- Parking Meter Rental permit will not be issued for the parking of construction vehicle(s).
- At no time are metered spaces or bags to be used on handicapped parking meters.
- If bags or cones are needed, they may be picked up at DPW, 1200 Canal St. Ext., Syracuse, NY 13210, Monday-Friday between the hours of 8:00am – 5:00pm on the day proceeding the first day of use. They must be returned no later than 11:00am on the day following the last day of use or Applicant is responsible for the applicable additional charges as follows: 1 bag - \$15.00; 1 lock - \$15.00; 1 key - \$5.00; 1 cone - \$17.00; 1 barricade - \$23.50.

**SUBMITTAL INSTRUCTIONS:**

- 1) Application and Application Fee must be submitted together. Incomplete or partial applications will not be processed.
- 2) Application and fee 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.syrgov.net/Central\\_Permit\\_Home.aspx](http://www.syrgov.net/Central_Permit_Home.aspx)



# PARKING METER RENTAL PERMIT APPLICATION

**Business Name:** \_\_\_\_\_

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

**Telephone #:** \_\_\_\_\_ **Alternate #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact E-mail:** \_\_\_\_\_

**Street Location Needed:** \_\_\_\_\_

\_\_\_\_\_ North Curb    \_\_\_\_\_ South Curb    \_\_\_\_\_ East Curb    \_\_\_\_\_ West Curb

**Reason Requested:** \_\_\_\_\_

**First Date of Use:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Last Date of Use:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Total # Days** \_\_\_\_\_ (excluding Sundays and Holidays)

**# of Spaces Requested:** \_\_\_\_\_    **Total Fees \$** \_\_\_\_\_

I certify that the above conditions have been met and that the parking meter bags and cones will not be used to reserve a parking space for either personal or business use. I also certify that I have received bags, locks, and one (1) key.

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

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

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FOR OFFICE USE ONLY

Approved Date: ____/____/____ **Date Issued:** ____/____/____ **Date Expired:** ____/____/____

Denied Date: ____/____/____ **Reason(s) Denied:** _____

Commissioner of Public Works: _____