



DEPARTMENT OF PUBLIC WORKS

Stephanie A. Miner, Mayor

## ROAD CUT PERMIT APPLICATION & INSTRUCTIONS

**REQUIRED FOR:** Construction in (cutting into) a city street, sidewalk, curb, or grass area in the Right of Way.

**THIS APPLICATION PACKET CONTAINS:**

- 1) List of Required Submittals
- 2) Submittal and Payment Instructions
- 3) Dept of Water Engineer Guidelines
- 4) Standards Summary
- 5) Liability Waiver Application (Road Cut)
- 6) Dig Safely Location Request Information Sheet
- 7) Street Cut Repair Detail
- 8) Application for Refundable Deposit

**REQUIRED SUBMITTALS:**

- a. **Liability Waiver (Road Cut) Application** – pages 5 and 6.
- o **Insurance Certificates** from contractor, listing the City of Syracuse as additional insured in the amount of at least \$1 million in General Liability and proof of Workers' Compensation in the amount of at least \$500,000.
- o **Temporary Traffic Control Plan**
  - o 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.
  - o Must show how the applicant plans to route pedestrian/vehicular traffic around the work.
  - o Must show dimensions of street/sidewalk left open to pedestrian/vehicular traffic.
  - o Shall be in accordance with the 2003 Federal MUTCD (Manual of Uniform Traffic Control Devices).
- b. **4 Sets of To-Scale Plans**- Must show proper orientation of existing utilities as they relate to proposed work. Each map shall have a title block, site location, and arrow indicating the direction north. All digging must be done in straight lines. All work must be clearly indicated on each map.
- c. **Electronic Plans**- An electronic copy of plans should be emailed to [CentralPermitOffice@syrgov.net](mailto:CentralPermitOffice@syrgov.net) if plans submitted are larger than 11"x17".
- d. **Parking Meter Rental Application** – page 7. 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.
- e. **Dig Safely New York (UFPO)** – Call 811 or visit [www.digsafelynewyok.com](http://www.digsafelynewyok.com).



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**SUBMITTAL AND PAYMENT INSTRUCTIONS:**

- 1) Application must be completed in its entirety.
  - a. If proposed construction includes curb alterations, Applicant must either submit proof of City approval (date and Case # of site plan approved by the City Office of Zoning Administration), or a Curb Cut application so the proposed curb alterations can be reviewed.
- 2) Application and all materials must be submitted together. Incomplete or partial applications will not be processed.
  - a. Application Fee is paid via Check or Money Order payable to Commissioner of Finance.
- 3) AT LEAST 4 WEEKS PRIOR TO START DATE OF WORK, Application 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)

- 4) A Refundable check and a Non-Refundable check will be collected after issuance of Road Cut permit.
  - a. Fees paid via two (2) separate Checks or Money Orders payable to Commissioner of Finance.
  - b. The Non-Refundable fee is the \$3.32 per square foot (sf) permanent maintenance fee plus the \$100 permit fee
  - c. The Refundable fee is \$10.50/sf for an unimproved street and \$14.14/sf for an improved street.
- 5) After the work is finished and the Department of Public Works has inspected the work, the Applicant may request the Refundable fee back by using the Application for Refundable Deposit.
  - a. The Application for Refundable Deposit contains the terms, conditions and time periods for requesting Refundable Deposit.



## **ROAD CUT PERMIT - Summary of Standards**

All road cuts are to adhere to City of Syracuse standard details and specifications on record with the City of Syracuse Department of Engineering. Any variance from these standards requires approval from the City Engineer. All construction is to be per City specifications. See attached details for pavement repair, and Engineering Guidelines from the Department of Water.

**Restoration** – to be as follows, but not limited to:

### *Pavement Standards*

- Minimum trench width of 2 feet for excavation
- Backfill with approved material and compact to 95% in approved lifts
- Cutback #1 – 6 inch minimum parallel to CL (both/all sides) of trench after excavation for 12 inch road base and geo-textile fabric – compact to 95% and 8 inches of fiber reinforced concrete
- Dowel concrete as detailed – contact the City Engineer for approval to eliminate dowels if concrete appears to be in poor condition
- Cure time for concrete – 3 days minimum for HES concrete, 7 days minimum for regular. Placement of asphalt is prohibited until minimum cure times are achieved
- Cutback #2 – 6 inch minimum parallel to cutback as described in #1 (both/all sides) to accommodate placement of asphalt layers
- Paving – use tack coat on concrete base & sides, use appropriate roller, seal joints, etc.
- Must adhere to items #1-5 on detail sheet noted under the heading “Private Utility Street Cut Repair”
- No diagonal cuts for laterals – must be perpendicular. If this is not possible, the cut must be squared
- Based on the above information the minimum width of a trench repair is four (4’) feet. Anything less is substandard and will be removed and repaired as ordered by the City at the contractor’s expense

### *Duct Bank Standards*

- Minimum cover of thirty six (36”) inches
- Encase duct bank in 2,500 psi concrete
- Two warning strips must be placed as follows: (1) above the duct bank and (2) 18 inches below finished grade



## **ROAD CUT PERMIT - Summary of Standards (Continued)**

### *Sidewalk and Curb*

- Replace section of sidewalk disturbed in full flags
- All construction to be per City specifications and standards
- Bricks shall be reset to match existing pattern and City standards
- Any curb or curb under drain disturbed shall be reset with new under drain
- Any curb damaged shall be reset with new curb to City standards
- If Medina curb is disturbed, it must be replaced with granite

### **Water Engineering Guidelines**

- Use Dig Safely New York guidelines for all underground installation and Dig Safely New York color standards on document submittals (the color blue corresponds to water mains)
- Include all water mains (both parallel mains and cross mains) on proposal drawings
- Include dimensions of proposed facilities from the centerline of the road
- Include trench cross-section details on each drawing showing encasement materials, width, and depth of proposed facilities
- Standardize all drawing scales to 1 inch equals 10, 20, 30, 40, 50, 60, or 100 feet (the Department of Water's preference is 1 inch equals 40 feet)
- Identify the method of installation (i.e. open cut, directional boring, insertion into existing facilities, overhead, etc.) on each drawing
- Include a legend for all abbreviations and color codes
- Maintain a minimum five (5') foot edge-to-edge horizontal separation from all water mains
- Maintain a minimum three (3') foot horizontal separation from all water valve boxes, curb boxes, water service lines, and hydrants
- When crossing a water main or water service line, maintain a minimum eighteen (18") inch vertical clearance.
- The maximum trench depth shall be forty-two (42") inches below grade
- Provide these guidelines and all permit documents to the supervisor or foreman on site
- Send a facsimile (fax) to the Department of Water Division of Water Engineering (315-473-2608) one business day prior to commencement of work. This should include the location of the site, name of the job supervisor, name of the site foreman, and a contact telephone number.

John M. "Pete" O'Connor III  
Commissioner



Thomas Simone  
Deputy Commissioner

Martin E. Davis, L.S.  
Deputy Commissioner

DEPARTMENT OF PUBLIC WORKS  
Stephanie A. Miner, Mayor

## LIABILITY WAIVER APPLICATION (Road Cut)

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

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

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

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

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

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

Request:

**PLEASE CHECK:**

\_\_\_\_\_ Partial Street Closure      \_\_\_\_\_ Full Street Closure      \_\_\_\_\_ Dumpster\*\*

\_\_\_\_\_ Partial Sidewalk Closure\*      \_\_\_\_\_ Full Sidewalk Closure

\_\_\_\_\_ 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 @\$1.25 = \$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 (Road Cut) APPLICATION

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

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

**Does the proposed Road Cut include curb alterations?** (Raising, lowering, widening, narrowing, adding, removing, or relocating curbs)

- No.  Yes. If yes, has the City approved the proposed curb alterations?
- Yes. Site plan approved by City Zoning \_\_\_\_\_ (Date & Case #)
  - Yes. Curb Cut permit previously approved \_\_\_\_\_ (Date & Permit #)
  - No. Curb Cut application is submitted with this Road Cut application.

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Start Time/Day: \_\_\_\_\_ End Time/Day: \_\_\_\_\_

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

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

~~~~~  
**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 #: \_\_\_\_\_



# Location Request Information Sheet

Fill out this helpful information sheet before you call Dig Safely New York.

Company ID#: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Field Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name or Company for whom you are doing the work? \_\_\_\_\_

\*NYS LAW REQUIRES AT LEAST 2 FULL WORKING DAYS ADVANCE NOTICE, NOT INCLUDING THE DAY YOU CALL.

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

Duration of job: \_\_\_\_\_ Days / Hours / Months / Weeks / Years / Unknown

Excavation Site State: New York County \_\_\_\_\_

City / Town / Village \_\_\_\_\_

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

The TWO nearest cross streets the address is located between:

Near Street 1: \_\_\_\_\_ Near Street 2: \_\_\_\_\_

Where on the property are you excavating? \_\_\_\_\_

Depth of Excavation: \_\_\_\_\_ Inches / Feet

Length: \_\_\_\_\_ Feet / Miles / Meters

Width: \_\_\_\_\_ Inches / Feet

Type of Work: \_\_\_\_\_

Means of Excavation: \_\_\_\_\_

Will there be Blasting?  Yes  No

Will there be Boring or Directional Drilling?  Yes  No

Is the Dig Site within 25ft from the Edge of the road or in the road?  Yes  No

Is the Excavation marked in WHITE?  Yes  No

## TICKET NUMBER

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## List of Members Notified

\_\_\_\_\_  
\_\_\_\_\_  
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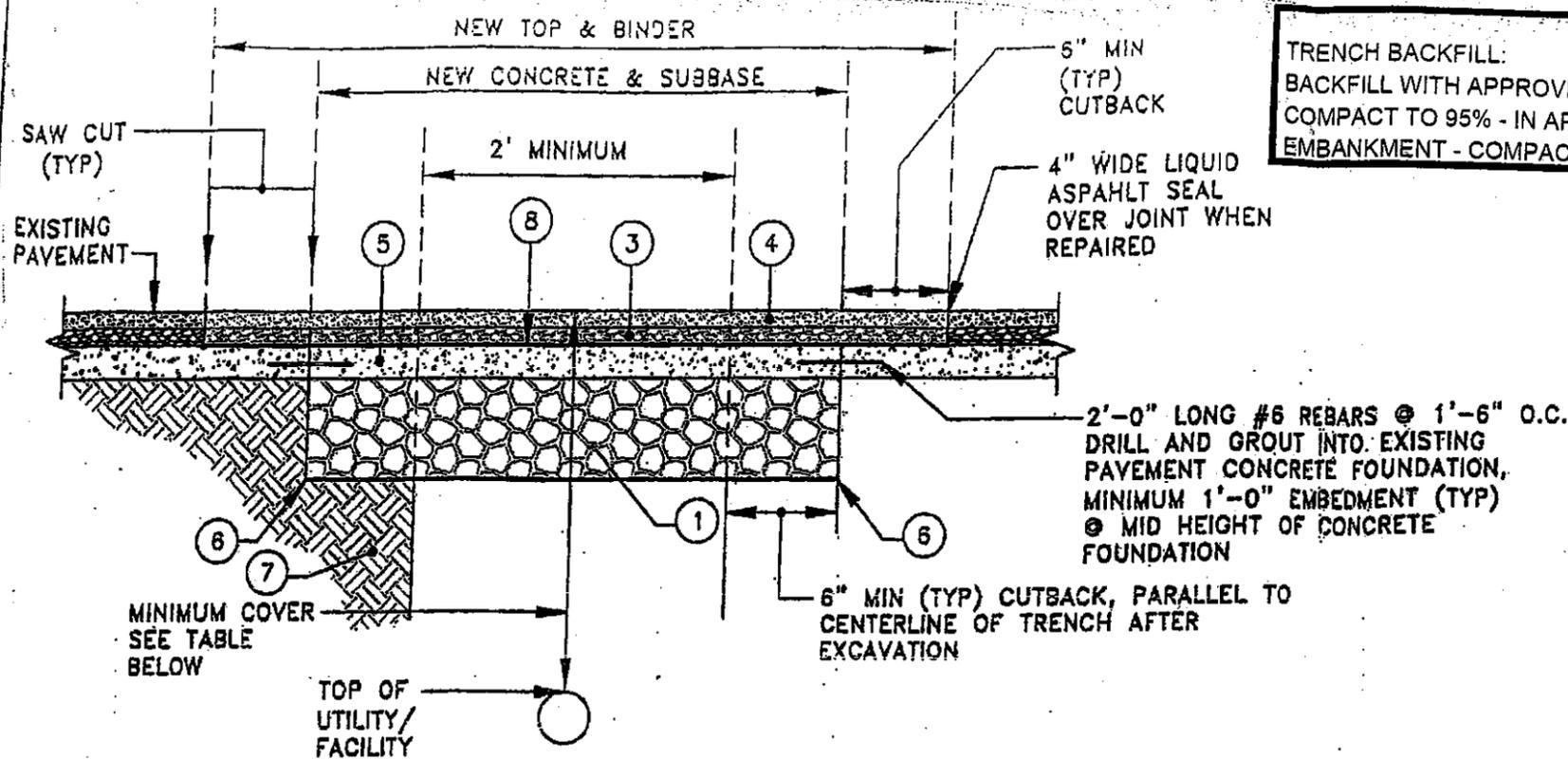
## NOTES

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To print more forms, please visit our website: [www.digsafelynewyork.com/dsny/pdf/Format\\_pad.pdf](http://www.digsafelynewyork.com/dsny/pdf/Format_pad.pdf)



Place your tickets online 24 Hours a Day!  
Send an email with your Company ID Number to:  
[register@digsafelynewyork.com](mailto:register@digsafelynewyork.com)



**TRENCH BACKFILL:**  
 BACKFILL WITH APPROVED MATERIAL - REFER TO CITY OF SYRACUSE SPECIFICATIONS  
 COMPACT TO 95% - IN APPROVED LIFTS ONLY  
 EMBANKMENT - COMPACT TO 90% OR A.O.B.E.

**PRIVATE UTILITY STREET CUT REPAIR**

- 1.) WHEN 30% OR MORE OF THE PAVEMENT IS EXCAVATED BY PRIVATE UTILITY WORK, THE CITY, AT ITS DISCRETION, MAY REQUIRE RECONSTRUCTION FROM THE CENTER LINE TO THE EDGE/CURB OF THE ENTIRE SECTION.
- 2.) WHEN 60% OR MORE OF THE PAVEMENT LANE AREA IS EXCAVATED BY PRIVATE UTILITY THE ENTIRE AREA FROM THE CENTER LINE OF THE PAVEMENT TO THE CURB MUST BE RECONSTRUCTED.
- 3.) IF ANY PAVEMENT DISTURBANCE OCCURS WITHIN 2 FEET OF THE EDGE/CURB, PAVEMENT RECONSTRUCTION MUST BE COMPLETED TO THE EDGE/CURB.
- 4.) IN AREAS WHERE TRENCH WIDTH VARIES THE PERCENTAGES SHALL BE DETERMINED PER 100 LINEAR FEET ALONG CENTER LINE OF THE STREET. IN INTERSECTIONS THE AREA WILL BE PER QUADRANT OF THE INTERSECTION.
- 5.) EXISTING PAVEMENT IS TO BE SAW CUT FULL DEPTH TO OBTAIN A STRAIGHT AND NEAT EDGE FOR PAVING. SAW CUT IS TO BE MADE AFTER BACKFILLING THE TRENCH TO THE BOTTOM OF NEW PAVEMENT SECTION.

| MINIMUM COVER:                     |                                             |
|------------------------------------|---------------------------------------------|
| 3'-0"                              | GAS, ELECTRIC, CABLE, TV TELECOMMUNICATIONS |
| 5'-0"                              | WATER.                                      |
| 3'+ AS DIRECTED BY CITY'S ENGINEER | ALL OTHERS                                  |

**NOTES:**

1. REFER TO CITY OF SYRACUSE STANDARD SPECIFICATIONS OR DETAILS. THE MINIMUM THICKNESS OF EACH LAYER OF BINDER, TOP, SUBBASE, AND CONCRETE BASE SHALL MATCH THOSE SHOWN ON STANDARD DETAILS OR MATCH EXISTING WHERE EXISTING CONDITIONS EXCEED MINIMUMS.
2. IN NO CASE SHALL THE TOP OF CONCRETE BASE BE HIGHER THAN THAT OF THE SURROUNDING EXISTING CONCRETE
3. IF PAVEMENT MARKINGS OR SIGNAL LOOPS ARE DISTURBED OR DESTROYED THEY SHALL BE REPLACED IN ACCORDANCE WITH CITY OF SYRACUSE STANDARDS.
4. MATCH EXISTING PAVEMENT SLOPE
5. IF, IN THE OPINION OF THE CONTRACTOR, THE EXSITING CONCRETE FOUNDATION IS IN POOR CONDITION, THE ENGINEER SHALL BE CONTACTED FOR PRIOR APPROVAL TO ELIMINATE DOWELS.

| DRAWING KEY | DESCRIPTION:                                               |
|-------------|------------------------------------------------------------|
| ①           | SUBBASE COURSE, TYPE "1" RUN-OF-CRUSHER (12")              |
| ③           | ASPHALT CONCRETE - TYPE 3 BINDER COURSE (ONE 1-1/2" LIFT)  |
| ④           | ASPHALT CONCRETE - TYPE 7 TOP COURSE (ONE 1-1 1/2" LIFT)   |
| ⑤           | FIBER-REINFORCED PORTLAND CEMENT CONCRETE - 3,500 PSI (8") |
| ⑥           | GEOTEXTILE FABRIC                                          |
| ⑦           | COMPACTED SUBGRADE                                         |
| ⑧           | ASPHALT TACK COAT                                          |

**STREET CUT REPAIR - CONCRETE BASE**

|                                               |                                     |             |              |
|-----------------------------------------------|-------------------------------------|-------------|--------------|
| CITY OF SYRACUSE<br>DEPARTMENT OF ENGINEERING |                                     |             |              |
| DESIGN-CONSTRUCTION DIVISION                  | SCALE: NONE                         | PLOTTED BY: | APPROVED BY: |
| <b>STREET CUT REPAIR - CONCRETE BASE</b>      |                                     |             |              |
| DATE: 2008                                    | MARY E. ROBISON, P.E. CITY ENGINEER |             |              |

**Application for Refundable Deposit**

To request your refund you must first request inspection of restoration on your company letterhead.

Include your permit #, check #, date of check, and refundable check amount.

**MAIL TO: City of Syracuse DPW - Attn: Matt Fiato - 1200 Canal St Ext. - Syracuse NY 13210**

Date of Refund Request: \_\_\_\_\_

Name of Permit Holder: \_\_\_\_\_

Permit Number (PC-XXXX-XX): \_\_\_\_\_

Check #: \_\_\_\_\_ Check date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Street(s) Affected By Work: \_\_\_\_\_

Date backfill and/or restoration accepted by the Department of Public Works: \_\_\_\_\_

| Date Work is Accepted | Refundable Deposit Received After... |
|-----------------------|--------------------------------------|
| May 1-October 31      | 12 Months                            |
| November 1- April 30  | 18 Months                            |

*Refundable Deposit Will Be Forfeited If Not Claimed Within 24 Months Of Acceptance Date*

**Office use only**

Comments:

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Date of Refund: \_\_\_\_\_

Amount of Refund: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_