



**DEPARTMENT OF PUBLIC WORKS
STREET OPENING
PERMIT APPLICATION**

STREET OPENING	
Permit Number	
Permit Issue Date	
Permit Expiration Date	

Project Information: Incomplete applications will not be accepted

Location Address: _____

Name of Nearest Cross Streets: _____

Type of Permit:

Standard Street Opening
 Protected Street Opening
 Material Storage
 Emergency Opening

Description of Work:

Reason for Work: _____ Scheduled Start Date: _____ Scheduled Completion Date: _____

Contractor/Applicant Information:

Last Name: _____ First Name: _____

Company Name: _____ Floral Park License Number: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Sketch of Work Indicating the Size and Location of Proposed Opening(s) (or supply own sketch):

Sketch must include the distance in feet from the nearest intersection and from the nearest curb line; the dimensions of the opening including length, width and depth; and the existing parking conditions.

Applicant Statement & Signature:

The undersigned affirms that the above is a true and accurate description of work to be performed under permit from the Village of Floral Park and guarantees that restoration work will be performed in accordance with the Village of Floral Park specifications for restoration of excavated streets.

Print Name: _____ Signature: _____ Date: _____

DPW Use Only:

<input type="checkbox"/> Permit Fee: \$250 Standard Street	Receipt: _____	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Permit Fee: \$500 Protected Street	Receipt: _____	<input type="checkbox"/> Other: _____	
Permit Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date: _____	By: _____