

INCORPORATED VILLAGE OF GARDEN CITY
DEPARTMENT OF PUBLIC WORKS
351 STEWART AVENUE
GARDEN CITY, N.Y. 11530-4528



SIDEWALK, APRON, DROP CURB PERMIT APPLICATION

PERMIT NO. _____

MUST GIVE 48-HOUR NOTICE TO SCHEDULE WORK
CALL (516) 465-4005 BETWEEN 8:30 A.M. - 4:30 P.M.

Applicant: _____
(Business Name)

(Business Address)

(City, State) (Zip Code)

(Contact Name) (Contact Phone) (Contact Email)

The above-named applicant does hereby apply for the issuance of a permit for the following purpose:

Section: _____ Block: _____ Lot(s): _____

Was a Violation Issued: Yes No

Driveway Work Planned: Yes (Building Permit Required) No

Address (Work Location): _____ Property Type: Residential Commercial

Total Quantities: Area of Concrete _____ SF Feet of Drop Curb _____ LF Feet of Standard Curb _____ LF

Description of Work: _____

SITE DRAWINGS MUST BE ATTACHED TO PERMIT APPLICATION.

I have read and agree to abide by the Rules & Regulations pertaining to Permit work on and within Village Roads.

Signature: _____ Title: _____ Date: _____

FOR OFFICIAL USE ONLY

THE DURATION OF THE PERMIT HEREBY SOUGHT IS _____ DAYS(S) FROM _____, 20 ____.

APPROVED REJECTED

By: _____

Date: _____

Check No.: _____

Fee: \$ _____

Deposit: \$ _____

Total: \$ _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<p>PRODUCER</p> <p>INSURED</p>	<p>CONTACT NAME: _____ PHONE: _____ (INC. No. Ext.: _____) EMAIL: _____ ADDRESS: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGE	CERTIFICATE NUMBER:	REVISION NUMBER:																
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>																		
INSURER LIA	TYPE OF INSURANCE	ACCO/TERM END. NOV.	POLICY NUMBER	POLICY EFF. (MM/DD/YY)	POLICY END. (MM/DD/YY)	LIMITS												
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <small>GENL AGGREGATE LIMIT APPLIES PER:</small> <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJCT <input type="checkbox"/> LOC <small>OTHER</small>	Y	Y			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1 EACH OCCURRENCE</td> <td>\$1,000,000</td> </tr> <tr> <td>DAMAGED TO RENTED PREMISES (EX. EXCLUDED)</td> <td>\$ 300,000</td> </tr> <tr> <td>MED EXP (ANY ONE PERSON)</td> <td>\$ 15,000</td> </tr> <tr> <td>PERSONAL & ADV. INJURY</td> <td>\$1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$2,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/PROD AGG</td> <td>\$2,000,000</td> </tr> </table>	1 EACH OCCURRENCE	\$1,000,000	DAMAGED TO RENTED PREMISES (EX. EXCLUDED)	\$ 300,000	MED EXP (ANY ONE PERSON)	\$ 15,000	PERSONAL & ADV. INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/PROD AGG	\$2,000,000
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C	<input checked="" type="checkbox"/> WORKERS COMPENSATION <small>AND EMPLOYERS' LIABILITY</small> <small>AN/PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED</small> <small>(Mandatory in NY)</small> <small>1/1/2014 effective date</small> <small>DESCRIPTION OF OPERATIONS BELOW</small>	N/A	N/A			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>X</td> <td>PER STATUTE</td> <td>OTH. PER</td> </tr> <tr> <td colspan="3">E.L. EACH ACCIDENT</td> </tr> <tr> <td colspan="3">E.L. DISEASE - EA EMPLOYEE</td> </tr> <tr> <td colspan="3">E.L. DISEASE - POLICY UNIT</td> </tr> </table>	X	PER STATUTE	OTH. PER	E.L. EACH ACCIDENT			E.L. DISEASE - EA EMPLOYEE			E.L. DISEASE - POLICY UNIT		
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A	Professional Liability																	
D	NYS Disability																	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule, may be attached if more space is required)																		
The Incorporated Village of Garden City is included as Additional Insured.																		

<p>CERTIFICATE HOLDER</p> <p>Incorporated Village of Garden City 351 Stewart Avenue Garden City NY 11530</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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SAMPLE



Workers'
Compensation
Board

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

1 a. Legal Name & Address of Insured (use street address only)

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

1 b. Business Telephone Number of Insured

[REDACTED]

Work Location of Insured (Only required if coverage is specifically limited to
[REDACTED])

2. Name and Address of Entity Requesting Proof of Coverage
(Entity Being Listed as the Certificate Holder)

Inc Village of Garden City
351 Stewart Avenue
Garden City NY 11530

1 c. NYS Unemployment Insurance Employer Registration Number of
Insured

1 d. Federal Employer Identification Number of Insured or Social Security
Number

3 a. Name of Insurance Carrier

3 b. Policy Number of Entity Listed in Box "1 a"

3 c. Policy effective period to

3 d. The Proprietor, Partners or Executive Officers are

included. (Only check box if all partners/officers includ
 all excluded or certain partners/officers excluded.

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 must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled 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 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.

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 Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon 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:

(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:

(Signature)

(Date)

Title:

Telephone Number of authorized representative or licensed agent of insurance carrier:

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT
C-105.2 (9-17) www.wcb.ny.gov

SAMPLE



New York State Insurance Fund
199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

AAAAAA 111984847

POLICYHOLDER 		CERTIFICATE HOLDER INC. VILLAGE GARDEN 351 STEWART GARDEN CITY, NY 14468	
POLICY NUMBER 	CERTIFICATE NUMBER 	PERIOD 	DATE

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAME IS REGISTERED WITH THE STATE INSURANCE FUND UNDER POLICY NO. 472 001-7, COVERING THE OBLIGATION OF THE INSURER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WHICH APPLIES TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING THIS POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE CERTAIN INFORMATION, PLEASE VISIT OUR WEBSITE <https://www.nysif.com/cert/certval.asp>. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE FOR THE DENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THE POLICY INCLUDES A WAIVER OF SUBROGATION WHICH APPLIES TO THE INSURER, WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE INSUREE OR THE INSUREE'S BENEFICIARY OR THE INSUREE'S EMPLOYER FOR AN AMOUNT OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE COMMENCEMENT OF THIS POLICY, THE INSUREE'S CONTRACT HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED WHICH REQUIRE THE INSUREE TO WAIVE THE RIGHT OF SUBROGATION.

THIS CERTIFICATE IS ISSUED AS A FURTHER EXPANSION OF THE COVERAGE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

000000000000070760030



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) [REDACTED]	1b. Business Telephone Number of Insured [REDACTED]
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. Wrap-Up Policy) [REDACTED]	
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Inc. Village of Garden City 351 Stewart Ave. Garden City, NY 11530	1c. Federal Employer Identification Number or Social Security Number [REDACTED]
3a. Name of Insurance Carrier [REDACTED]	3b. Policy Number [REDACTED]
3c. Policy Effective Period [REDACTED]	

4. Policy provides the following benefits:

- A. Both disability and paid family leave benefits.
- B. Disability benefits only
- C. Paid family leave benefits only

5. Policy covers:

- 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 employees

Under penalty of perjury, I certify that I am an authorized representative of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits coverage under the policy above.

Date Signed [REDACTED]

By [REDACTED]

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number [REDACTED]

IMPORTANT: Boxes 4 and 5A must be checked on this form and signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier for this certificate to be COMPLETE. Mail it directly to the certificate holder.

18. If Box 4B 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 Claims Acceptance Unit, 5200, Binghamton, NY 13902-5200.

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

State of New York

Workers' Compensation Board

Information marked by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Paid Family Leave Benefits Law with respect to all of his/her employees

By [REDACTED]

(Signature of Authorized NYS Workers' Compensation Board Employee)

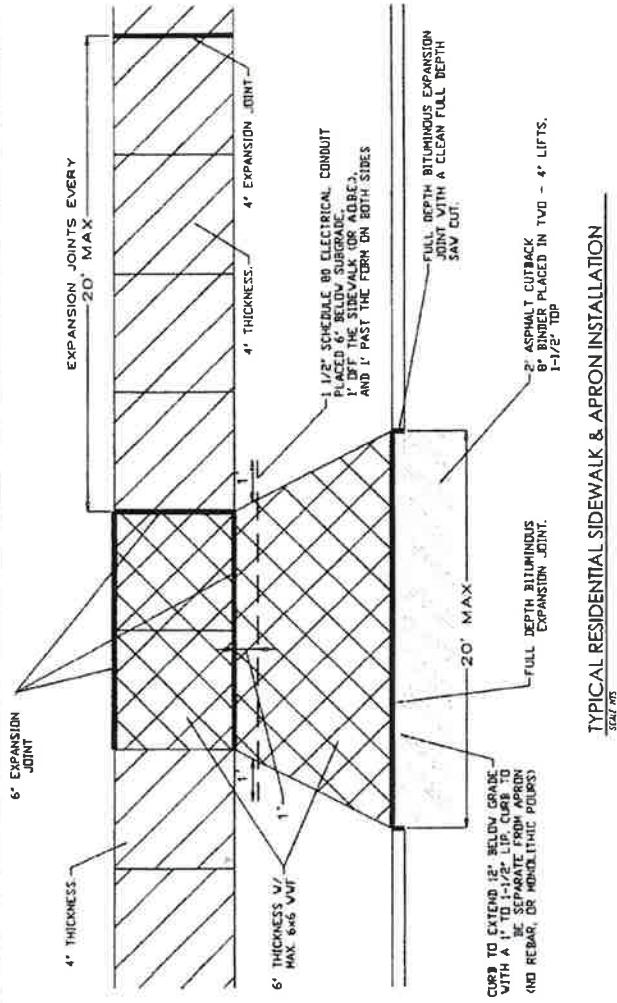
Telephone Number [REDACTED]

Name and Title [REDACTED]

Please Note: 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.



**VILLAGE OF GARDEN CITY
GENERAL NOTES AND REGULATIONS
FOR THE CONSTRUCTION OF PAVES, SIDEWALKS, APRON AND CURBS**

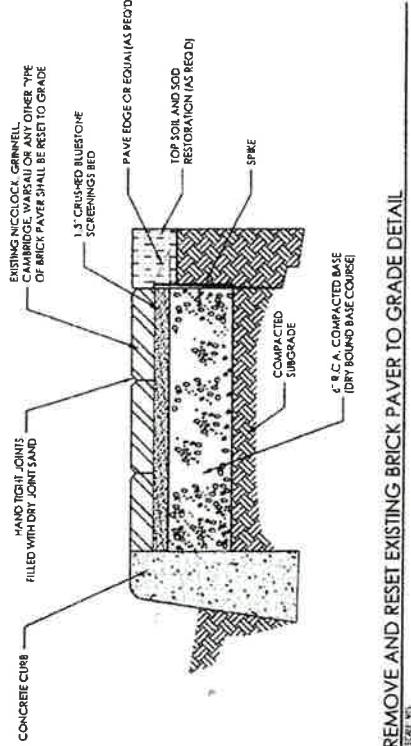


NOTES AND REGULATIONS
FOR THE CONSTRUCTION OF SIDEWALK, APRON AND CURB

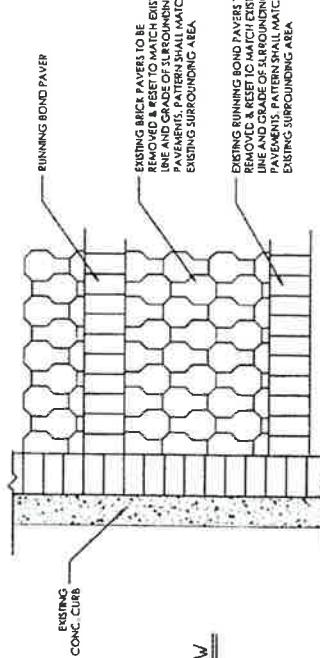
CONSTRUCTION DETAILS		SIDEWALK & PAVEMENT STANDARD DETAILS		INCORPORATED VILLAGE OF GARDEN CITY NASSAU COUNTY, NY	
ITEM	DESCRIPTION	ITEM	DESCRIPTION	ITEM	DESCRIPTION
1.	Contractor must use Class 'A' Nassau County 4,000LB concrete.	10.	After the job is completed, a final inspection will take place 28 days (minimum) after the concrete is placed. If restoration has been properly completed, the deposit will be released and returned to contractor within one to three months after final inspection. No deposit shall be released until all restoration such as road repair, grass areas restored, sprinkler heads repaired, etc. is completed satisfactorily.		
2.	The subbase must be of an acceptable material (R.C.A., granular fill, etc.), and properly compacted using a mechanical vibratory plate compactor or equivalent as approved by engineer prior to the placement of any concrete.	3.	Regular sidewalk shall be a minimum of 4" in depth. Apron and adjacent sidewalk areas shall be a minimum of 6" in depth with a maximum of 6" x 6" wire mesh reinforcement.		
4.	Drop curbs in front of apron must be 12" below grade with a minimum of 1" to a maximum of 1 1/2" lip above grade at the flow line of the roadway.	5.	Full depth bituminous expansion joints will be required between the drop curb and apron, the apron and sidewalk, and the sidewalk and driveway, as well as every 20' of sidewalk, and as ordered by the engineer. Expansion material will also be placed at ends of drop curbs and existing curb where a clean, full depth cut must be made. Expansion joints are to be in place prior to concrete pour, they shall not be "pushed" into the concrete.		
6.	Where replacement of the apron is necessary, 1 1/2" Schedule 80 PVC electrical conduit (supplied by contractor) shall be placed 1" off the sidewalk (or as ordered by engineer). If past the forms on both sides of apron, 6" below subgrade and shall be capped off.	7.	Where the existing asphalt is damaged, a 2" full depth cutback will have to be performed as ordered by the engineer. 8" binder placed in two - 4' lifts, and 1 1/2" top will be placed.		

SIDEWALK & PAVEMENT STANDARD D
INCORPORATED VILLAGE OF GARDEN CITY
MASSAU COUNTY, N.Y.

INCORPORATED VILLAGE OF GARDEN CITY MARSHALL COUNTY, NY.		SIDEWALK & PAVER STANDARD DETAILS	
		CONSTRUCTION DETAILS	
FRONT	REAR	FRONT	REAR
WALL	WALL	WALL	WALL
TYPE	TYPE	TYPE	TYPE
DATE	DATE	DATE	DATE
1-12-2016	1-12-2016	1-12-2016	1-12-2016

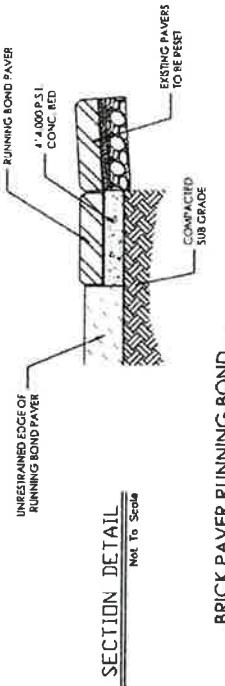


REMOVE AND RESET EXISTING BRICK PAVER TO GRADE DETAIL



PLAN VIEW

Not To Sa



SECTION DETAIL Not To Scale

NOTES AND REGULATIONS
FOR THE CONSTRUCTION OF BRICK PAVEMENTS & AREAS
WALKWAYS & AREAS

1. Contractor must use Class 'A' Nassau County 4,000LB concrete for setting beds.
2. The subbase must be of an acceptable material (R.C.A., granular fill, etc.) and properly compacted using a mechanical vibratory plate compactor or equivalent as approved by engineer prior to the placement of any concrete.
3. The Contractor shall replace in kind, any existing paver that is cracked, broken, or deteriorated.
4. Pavers shall be set in the original pattern with tight joints.
5. All materials shall conform with Item 37, 37E, and 37RB of the Village of Garden City Standard Specifications. These specifications are on file and available through the DPW Engineering Department upon request.

SIDEWALK & PAVER STANDARD DETAILS

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CLUBBERS / BORRONE/DEENHOUT/CONCRETE CLUB/SIDEKICKS AND PAVEE REGULATIONS FROM MCY.DEG

Village of Garden City Permit Application Sketch

