

Office Use Only
Permit



Department of Public Works

7 Court Street, Room 210
Belmont, New York 14813
Phone: 585-268-9230
Fax: 585-268-9648

**PERMIT TO CLOSE COUNTY ROUTE(S) _____
(SUBMIT 2 SIGNED COPIES)**

Applicant:

Name: _____

Event: _____

Organization: _____

County Route: _____

Address: _____

Town of: _____

City: _____ State: _____ Zip: _____

Date/Time: _____

Traffic Control will be conducted by: _____

It is agreed by the applicant that any injury or disturbance to any part of any bridge or to any part of the paved portion of the highway, its shoulders or drainage ditches, which may occur hereafter by reason of the above, shall be repaired by and at the expense of the applicant to the satisfaction of the County Superintendent or his designee. Applicant is also responsible for any accidents caused by reason of the above.

NOTE: This permit DOES NOT grant permission to close any roads not owned by Allegany County. Please sign both permit copies and return them to this office.

Date: _____

Applicant: _____

Date: _____

Superintendent of Public Works