

The City of Troy Barricade Permit Application

Location of Work: _____

Applicant: _____ phone # _____

Address: _____

Owner: _____ phone # _____

Address: _____

Contractor: _____ phone # _____

Address: _____

Start Date: _____ End Date: _____ Residential Units: _____

Commercial

Reason for Barricade Permit:

- Dumpster *Clean out only, Rehab work separate permit * **All Barricade Permit fees are charged on a monthly basis**
- Moving POD
- Lift/ Scaffolding Type of work: _____
- Sidewalk Repair/Replacement
- Water/Sewer Line Repair/Installation

I hereby make application for issuance of a permit for work described above. I agree that no person will be employed without providing workers compensation and disability benefits law coverage, as required by state law, and that all applicable ordinances of the City shall be complied with. I declare. Subject to penalty of perjury that statements made herein are true and correct to the best of my knowledge.

OWNER APPLICANT'S SIGNATURE _____

CONTRACTOR APPLICANT'S NAME (PRINT) _____

OTHER APPLICANT'S EMAIL _____

DATE _____

Buildingpermits@troyny.gov (518-687-1140)