



Department of Transportation

APPLICATION TO RENEW CANOPY MAINTENANCE PERMIT(S)

Permit(s) CANNOT be expired to use this form. Copies of CURRENT permits must be attached.

* See reverse for instructions on how to complete this form.

Rev. 10/8/10

SECTION A: Applicant Information

1. Permittee ID#:	2. Permittee Name:
3. Address:	
4. Tel #:() -	5. E-Mail:

SECTION B: Work Information

6. Borough: __MN __BK __QN __BX __SI	7. Block #: Lot #:
8. Type of Canopy: a. Hotel __ b. Restaurant __ c. Residence __ d. Miscellaneous __ e. Sidewalk Café __	
9. House No.: 10. On Street:	
10a. Street Work On, If Different From Above:	
11. Between: (Cross Street #1) and (Cross Street #2)	
12. For the Purpose of:	

SECTION C: Permit Information

Current Permit Number	Permit Type	New End Date	Fee (Official Use Only)	New Permit Number (Official Use Only)
1.				
2.				
3.				
4.				
5.				

Note: No permit shall be issued unless all applicable insurance and permit bonds are on file.

(For Official Use Only)	SECTION D: Acknowledgements and Certification
Approved for the Commissioner by:	I hereby certify that I am the owner or authorized agent of the above mentioned premises and that no structural changes have been made to the canopy since the issuance of the last canopy maintenance permit for this location and agree to comply with all applicable laws and regulations.
Date	13. Signed by: (Owner) 14. Tel #:() -
/ /	15. Submitted by: (Authorized Representative of Owner) 16. Date: / /

INSTRUCTIONS FOR COMPLETING CANOPY MAINTENANCE PERMIT RENEWAL APPLICATION PROPERLYTo ensure the proper processing of your application, please print all information *CLEARLY*.

SECTION A: Applicant Information

1. **Permittee ID #:** Provide the unique 5 digit identification number the Permittee received when he/she registered their company with the Department of Transportation. Permits will not be issued without a Permittee ID Number.
2. **Permittee Name:** Provide the name of the company to whom the permits will be issued and to whom the above Permittee ID# is assigned.
3. **Address:** Provide the Permittee's business mailing address.
4. **Tel #:** Provide the Permittee's daytime telephone number.
5. **E-mail:** Provide the Permittee's e-mail address.

SECTION B: Work Information

6. **Borough:** Check the Borough in which the proposed work will be performed (MN-Manhattan, BK-Brooklyn, QN-Queens, BX-Bronx, SI-Staten Island).
7. **Block and Lot:** Provide the tax block and lot of the property where the canopy exists.
8. **Type of Canopy:** The specific permit type depends on the land use to which the canopy is being attached.
9. **House No.:** Provide the house number of the building where the proposed work will occur.
10. **On Street:** Provide the name of the street where the proposed work will occur.
10a. Street Work On, If Different From Above: Provide the name of the street where the canopy exists and will be maintained.
11. **Between: and :** Provide the names of the two streets with which the On Street intersects (Cross Streets).
12. **For the Purpose of:** Provide the reason why you are applying for permits.

SECTION C: Permit Information

Provide the permit number of all current / active permits you wish to renew. Provide the Permit Type of each permit you wish to renew. Provide the New End Date (when you wish the renewed permit(s) to expire). The Fee and a New Permit Number will be added by Permit Management Staff. DO NOT WRITE IN THESE AREAS.

EXAMPLE:

	Current Permit Number	Permit Type	New End Date	Fee (Official Use Only)	New Permit Number (Official Use Only)
1.	B072009281-001	703	10/8/2011	\$50.00	B072010281-150
2.					
3.					
4.					

SECTION D: Acknowledgements and Certification

13. **Signed By:** Owner's signature
14. **Tel #:** Provide a valid daytime telephone number of the person submitting this application.
15. **Submitted By:** The person submitting this application must be an authorized representative of the owner and must provide his/her original signature.
16. **Date:** Provide the date of application submittal.