



REQUEST FOR FULL ROADWAY CLOSURE

Permit Number (Official Use Only)

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

Rev. 3/13/20

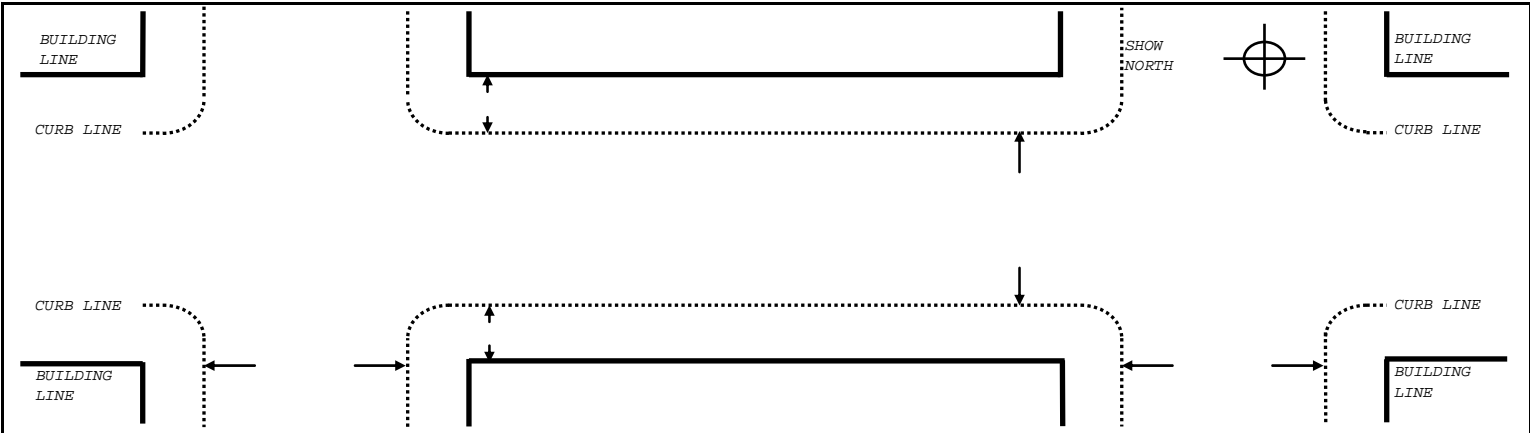
SECTION A: Applicant Information

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. OCMC File: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
8. Type of Pavement: a. Roadway \_\_\_\_\_ b. Sidewalk \_\_\_\_\_ 9. DOB#: \_\_\_\_\_
10. House No.: \_\_\_\_\_ 11. On Street: \_\_\_\_\_
11a. Street Work On, If Different From Above: \_\_\_\_\_
12. Between: \_\_\_\_\_ and \_\_\_\_\_
(Cross Street #1) (Cross Street #2)
13. For the Purpose of: \_\_\_\_\_
14. Work Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 15. Work End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SECTION C: Work Zone Sketch (Include On Street, both Cross Streets, North Arrow, Sidewalk/Roadway widths and proposed Work Zone)



SECTION D: Proposed Permit Stipulations (For Official Use Only)

Special Stipulations: \_\_\_\_\_
Required Notification Signage: \_\_\_\_\_ Variable Message Sign (VMS) \_\_\_\_\_ Fixed Orange Construction Sign
OCMC Approval by: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SECTION E: Acknowledgements and Agreements by Authorized Representative of the Applicant

THIS IS NOT A PERMIT. The Applicant/Permittee is required to send written notice to Police, Fire, EMS, Community Board(s) and all property owners on the affected street segment a minimum of seven (7) calendar days prior to the full roadway closure. additionally, notification must be emailed to NYCDOT Special Events at SpecialEvents@dot.nyc.gov and to NYCDOT OCMC-Streets at OCMCNotification@dot.nyc.gov. When applicable, NYCT or private bus companies must also be notified. Proof of this notification must be presented to OCMC with the necessary permit application before the above permit stipulations will be approved.

16. Submitted by: \_\_\_\_\_ (Please Print) 17. Tel #:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
18. Signed by: \_\_\_\_\_ (Authorized Representative of Applicant) 19. Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# INSTRUCTIONS FOR COMPLETING FULL ROADWAY CLOSURE APPLICATION PROPERLY

To 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.

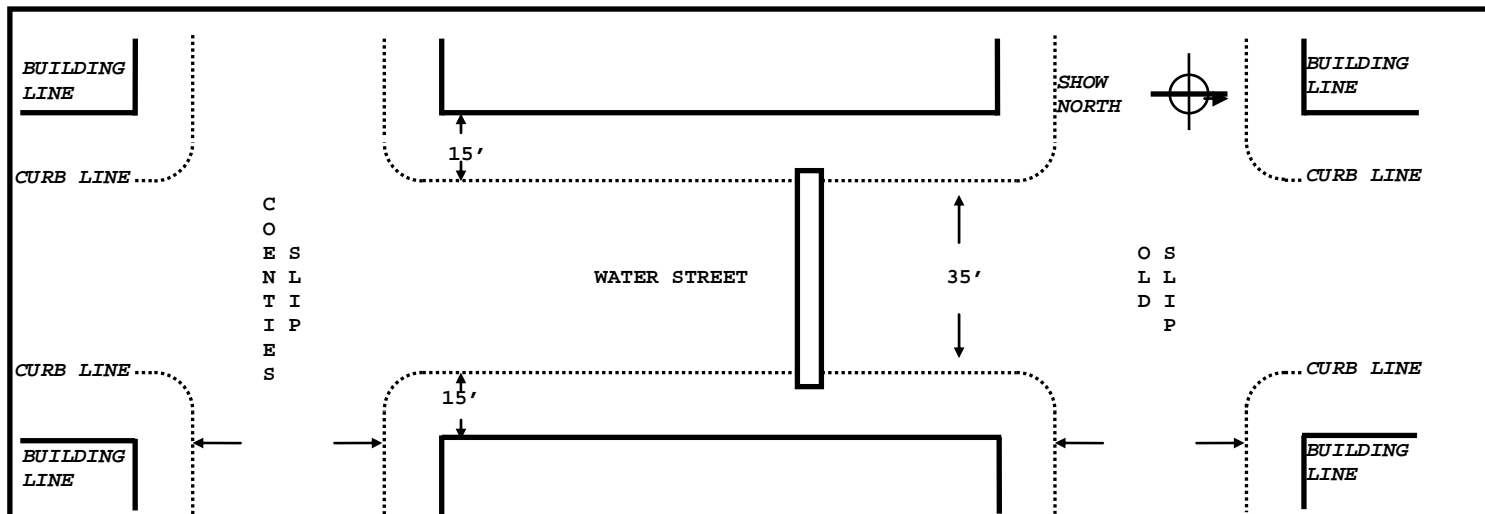
## SECTION B: Work Information

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. **OCMC File:** If one exists, provide the OCMC file number pertaining to the proposed work (e.g. MEC-08-001).
8. **Type of Pavement:**
  - a. **Roadway:** If working in the roadway, provide the surface material of the roadway where the proposed work will occur (e.g. Asphalt)
  - b. **Sidewalk:** If working in the sidewalk, provide the surface material of the sidewalk where the proposed work will occur (e.g. Concrete)
9. **DOB#:** Provide any applicable Department of Buildings permit numbers.
10. **House No.:** Provide the house number of the building where the proposed work will occur.
11. **On Street:** Provide the name of the street where the proposed work will occur.  
**11a. Street Work On, If Different From Above:** Provide the name of the street where the physical proposed work will occur if it is not occurring on the same street to which the address applies. (e.g.: Work being performed for 55 Water Street, but excavation is on Old Slip).
12. **Between: and :** Provide the names of the two streets with which the On Street intersects (Cross Streets).
13. **For the Purpose of:** Provide the reason why you are applying for permits (e.g.: New Bldg. Construction, Repair Defective Sidewalk, etc.).
14. **Work Start Date:** Provide the date when the proposed work is expected to commence.
15. **Work End Date:** Provide the anticipated completion date of the proposed work. (May be changed by NYC DOT to reflect permit restrictions)

## SECTION C: Work Zone Sketch

Provide a diagram of the proposed work location for which you are requesting a permit. Show all pertinent information including On Street, both Cross Streets, North Arrow, Sidewalk/Roadway widths and location of excavations or placement of construction equipment/material, etc. NOTE: If completing this form online, On Street, Cross Streets, North Arrow and Sidewalk/Roadway widths may be filled in, however the work zone sketch must be hand-drawn after printing this form.

### EXAMPLE:



## SECTION D: Proposed Permit Stipulations (For Official Use Only)

This area is for OCMC Project Managers' use only. This is where you will see what permit stipulations will be issued and printed on the approved permit(s). DO NOT WRITE IN THIS AREA.

## SECTION E: Acknowledgements and Agreements by Authorized Representative of the Applicant

16. **Submitted By:** Print the name of the person who is submitting this application for review and approval.
17. **Tel #:** Provide a valid daytime telephone number of the person submitting this application.
18. **Signed By:** The person submitting this application must be an authorized representative of the applicant and must provide his/her original signature.
19. **Date:** Provide the date of application submittal.