



REQUEST FOR WAIVER OF SPECIAL EVENT CONSTRUCTION EMBARGO

Date Submitted / /

Special Event Construction Embargo for which you are Requesting a Waiver (Please Print)

\* This form is required for all requests to allow work in embargo areas during embargo times.

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

Rev. 11/1/13

SECTION A: Applicant Information

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

SECTION B: Work Information

6. Borough: 7. OCMC File: 8. House No.: 9. On Street: 9a. Street Work On, If Different From Above: 10. Betw een: 11. For the Purpose of: 12. Work Start Date: 13. Work End Date:

SECTION C: Reason for Request

14. State the Reasons for this Request (In Detail):

SECTION D: Additional Information/Attachments

Please attach a detailed, scaled drawing of the entire work site as it relates to all work performed outside the property line for which an embargo waiver is being requested. 15. Contact Person Name: 16. Tel #: 17. Contact Person E-mail Address:

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

THIS IS NOT A PERMIT. This is a request for consideration to allow work to occur during an embargo period. 18. Applicant Name (Please Print): 19. Applicant Signature: 20. Date:

SECTION F: NYC DOT Special Events Determination (Official Use Only)

Approved Denied Modified Comments:

NYC DOT Special Events Approval by: Date: / /

# INSTRUCTIONS FOR COMPLETING SPECIAL EVENT CONSTRUCTION EMBARGO WAIVER 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. **House No.:** Provide the house number of the building where the proposed work will occur.
9. **On Street:** Provide the name of the street where the proposed work will occur.  
**9a. 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).
10. **Between: \_\_\_ and \_\_\_:** Provide the names of the two streets with which the On Street intersects (Cross Streets).
11. **For the Purpose of:** Provide the reason why you are applying for permits (e.g.: New Bldg. Construction, Repair Defective Sidewalk, etc.).
12. **Work Start Date:** Provide the date when the proposed work is expected to commence. (May be changed by NYC DOT to reflect permit restrictions)
13. **Work End Date:** Provide the anticipated completion date of the proposed work. (May be changed by NYC DOT to reflect permit restrictions)

## SECTION C: Reason for Request

14. **State the Reasons for this Request (In Detail):** Provide a clear, detailed description of the nature of the proposed work and why you are submitting this request.

## SECTION D: Additional Information/Attachments

Provide a detailed, scaled drawing of the entire work site as it relates to all work performed outside the property line for which NYC DOT permits are being requested.

15. **Contact Person Name:** Provide the name of the person who should be contacted with NYC DOT Special Events' waiver determination.
16. **Tel #:** Provide the telephone number of the contact person for this appeal.
17. **Contact Person E-mail Address:** Provide the e-mail address for the contact person for this appeal.

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

18. **Applicant Name:** Print the name of the person who is submitting this application for review and approval.
19. **Applicant Signature:** The person submitting this application must be an authorized representative of the applicant and must provide his/her original signature.
20. **Date:** Provide the date of application submittal.

## SECTION F: NYC DOT Special Events Determination

This is where the NYC DOT Special Events office will make their determination as to whether to Approve or Deny the request, or to Modify existing requirements (ongoing projects). **DO NOT WRITE IN THIS AREA.**