



TOWN OF ULYSSES

DEPARTMENT OF PUBLIC WORKS

Public Works Permit Application

INSTRUCTIONS: Complete form and include any applicable attachments.

Digital submittal is preferred. Please send all application materials to mduell@townofulyssesny.gov.

Applications can also be submitted at the Town Hall in person or mailed.

Incomplete applications will not be accepted.

APPLICATION CHECKLIST:

- Completed application form
- Site plan: A map of the entire parcel including the following details:
 - Locations of the proposed work sites
 - All existing structures (buildings, sheds, wells, septic tank, driveways & paved areas)
 - All areas of environmental concern (streams, wetlands, Unique Natural Areas)

CONTACT INFORMATION					
APPLICANT					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			
OWNER					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			
PRIMARY	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> OWNER	<input type="checkbox"/> OTHER, PLEASE SPECIFY BELOW		
NAME					
PHONE		EMAIL			

PROJECT SITE INFORMATION	
PROJECT SITE ADDRESS	
PARCEL NO(S)	
SITE WORK FOR PROJECT TYPE	<input type="checkbox"/> Single-Family Residence <input type="checkbox"/> Multi-Family Residence <input type="checkbox"/> Commercial <input type="checkbox"/> Duplex <input type="checkbox"/> Accessory Dwelling Unit <input type="checkbox"/> Industrial
IF APPLICABLE	<input type="checkbox"/> Land Use Project # _____

DESCRIPTION OF SITE WORK / RIGHT-OF-WAY WORK

Fill in all quantities of work below, as applicable:

FENCE IN ROW	FT IN HEIGHT
DRIVEWAY APRON / CURB CUT	FT WIDE
ASPHALT /CONCRETE PAVING	SF
RETAINING WALL / ROCKERY IN RIGHT-OF-WAY	LF
RETAINING WALL / ROCKERY OVER 4FT IN HEIGHT	FT TOTAL HEIGHT
CLEARING / GRADING / FILL / EXCAVATE	CY
CUT / BORE IN PAVEMENT (PARALLEL)	LY
CUT / BORE IN PAVEMENT (NON-PARALLEL)	LF
POLE WORK / AERIAL / OVERLASH	LF

DRAINAGE MITIGATION QUESTIONS

PROPOSED STORMWATER DISCHARGE TO :

TRIGGERED REQUIREMENTS
 MS-4

QUANTITY OF PROPOSED HARD SURFACES

Proposed Roof Area	SF
Proposed Hardscape	SF
Total New + Replaced	SF

ADDITIONAL DESCRIPTIONS (AS NEEDED):

Authorization: I am the owner or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of New York that the information on this application and all information submitted herewith is true, complete, and correct.

SIGNATURE		DATE
PRINT NAME		
CITY, STATE		

Office Use Only

Permit Number	
Zoning Approval	
Building Approval	
DPW Approval	