

**TOWN OF CLARKSTOWN  
HIGHWAY DEPARTMENT**

12 SEEGER DRIVE  
NANUET, NY 10954  
(845) 623-7500  
FAX: (845) 624-7585  
highway@clarkstown.org

**ROAD CLOSING PERMIT INSTRUCTIONS**

For parades, block parties, road rallies & construction detours

The following paperwork is needed in order to apply for a Road Closing Permit:

1. Road Closing Permit Application
2. Certificate and Notice to Close a Road
3. Proof of Insurance
  - Please provide a valid Certificate of Liability Insurance listing the Town of Clarkstown as an Additional Insured and Certificate Holder as respects to General Liability coverage, in the amount of not less than \$1,000,000 each occurrence. When applicable, please provide proof of statutorily required Workers Compensation and NY State Disability Coverage.
4. Hold Harmless Agreement
  - Must be signed and notarized.
5. Mail or hand-deliver all of the above to the Clarkstown Highway Department for approval.
6. Approved permit notification will be forwarded to the Supervisor's Office, Clarkstown Police, School District, Mini Trans, 44 Control and Town Clerk's Office.

If you have any questions, please call the Clarkstown Highway Department at:  
(845) 623-7500, Monday through Friday, 8:00 am to 4:00 pm

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**ROAD CLOSING PERMIT APPLICATION  
Section 104 Highway Law**

Date of Application\_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE OF AUTHORIZED REPRESENTATIVE\_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE\_\_\_\_\_

\_\_\_\_\_

Above mentioned party requests permission to close

\_\_\_\_\_

Address number and name of road

Hamlet

\_\_\_\_\_

Intersecting streets and/or description of exact location

REASON FOR CLOSING:\_\_\_\_\_

DATE OF CLOSING: TO:\_\_\_\_\_ FROM:\_\_\_\_\_

TIMES ROAD WILL BE CLOSED:\_\_\_\_\_

Will road be open to local traffic & emergency vehicles  
(circle one) yes no

Please provide a detailed map and description of detour, if travel will be restricted.

Please list names, addresses, phone numbers and activities of all contractors, firms or individuals who will provide services.

\_\_\_\_\_

Please provide a valid Certificate of Liability Insurance listing the Town of Clarkstown as an Additional Insured and Certificate Holder as respects to General Liability coverage, in the amount of not less than \$1,000,000 each occurrence. When applicable, please provide proof of statutorily required Workers Compensation and NY State Disability Coverage.

Chief: \_\_\_\_\_

Fire Department

\_\_\_\_\_

Robert E. Milone  
Superintendent of Highways

Chief: \_\_\_\_\_

Clarkstown Police

Send copy of completed/approved form to all of the following:

Supervisor's Office - Clarkstown Police - School District - Mini Trans - 44 Control - Town Clerk

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**CERTIFICATE AND NOTICE TO CLOSE A ROAD**

CERTIFICATE

To the Town Clerk of the Town of Clarkstown, Rockland County. This is to certify that the undersigned Town Superintendent of Highways of the Town of Clarkstown has been requested by \_\_\_\_\_ to close a section of Highway in the Town of Clarkstown, Rockland County, known as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. The portion of Highway is to be closed under the provisions of the Highway Law on (date) \_\_\_\_\_ for the purposes of (activity) \_\_\_\_\_. This activity cannot be properly conducted unless the portion above described be closed during such time activity is in progress.

NOTICE

A certificate of which the foregoing is a copy, having been executed by me under the authority conferred by Section 104 of the Highway Law and filed in the office of the Town Clerk of the Town of Clarkstown, Rockland County on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, you are hereby notified that I have authorized the closure of the above described section of highway. The applicant shall provide a detour for traffic during the time the road is closed and notify police, fire, ambulance, school districts and public transportation prior to closing of roadway. The applicant shall also provide the necessary signs, barricades, lights, flag-men, etc. and shall make every effort to cooperate with the traveling public and keep in close contact with fire, police, ambulance, public transportation and school entities as to daily activities, concerning the closure.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Robert E. Milone date  
Clarkstown Superintendent of Highways

TOWN OF CLARKSTOWN

HOLD HARMLESS AGREEMENT

The Applicant and all of its employees and agents agrees to protect, defend, indemnify and hold the Town of Clarkstown and its officers, employees, and agents and save it harmless from and against any and all losses, penalties, damages, settlements, costs, charges, and professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings, or causes of action of every kind and character in connection with or arising directly or indirectly out of this agreement and/or the performance thereof. Without limiting the generality of the foregoing, any and all claims, etc., relating to personal injury, death, damage to property, defects in materials or workmanship, or any other violation of any applicable statute, ordinance, administrative order, rule or regulation or decree of any Court, shall be included in the indemnity hereunder, with the exception of claims, if any, caused by the sole negligence of the Town of Clarkstown.

The Applicant agrees to name the Town of Clarkstown an additional insured on its liability insurance policies by way of policy endorsement and provide the Town with Certificates of Insurance or other evidence of insurance as may be required by the Town.

\_\_\_\_\_  
Applicant

State of New York                    )  
                                                  ) ss. :  
County of Rockland                 )

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that \_\_\_\_\_ executed the same in \_\_\_\_\_ capacity, and that by \_\_\_\_\_ signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public