



COUNTY OF NASSAU -  
DEPARTMENT OF PUBLIC WORKS  
1194 PROSPECT AVENUE  
WESTBURY, NEW YORK 11590-2723

**ROAD OPENING PERMIT APPLICATION – COMMERCIAL**  
**FOR WORK IN RIGHT-OF-WAY ON NASSAU COUNTY ROADS**

A separate Road Opening Permit is required for each County roadway that a site abuts and NCDPW must be notified within 24 hours of emergency work and within 48 hours of planned, permitted work.

**Property Information:** Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ **Approved 239f No.:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ Phone No.: \_\_\_\_\_

Business Name and Address: \_\_\_\_\_

**Address of Location of Work:** \_\_\_\_\_

I request permission to [ ] construct, or [ ] reconstruct, the (N – S – E – W) side of \_\_\_\_\_,  
a distance of \_\_\_\_\_ feet (N – S – E – W) from the intersection of \_\_\_\_\_

**Scope of Work Description:** \_\_\_\_\_

- List the Size of Opening(s): \_\_\_\_\_ feet by \_\_\_\_\_ feet

- Location of work performed (check all that apply):  Curb Area  Grass/Utility Area  Roadway  Sidewalk

- Are trees being removed?  NO  YES (if yes, indicate where and how many on provided drawing)

**Road/ Sidewalk Opening/ Lane Closure**

**Road Pavement Restoration (See approved contractor's list)**

Contractor \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Licensed By & No.: \_\_\_\_\_

**Application Fee** – Provide one check for a total of **\$1,470.00** made payable to ‘Nassau County Treasurer.’ (Check # \_\_\_\_\_)

The Fee is made up of the following: Non-Refundable Application Fee – **\$550.00** + Mandated Re-Inspection Fee – **\$920.00**

**All fees are to be hand delivered/mailed to – NCDPW Permits Office – Room 102, 1194 Prospect Ave, Westbury, NY 11590 with a copy of this form. Fees must be submitted prior to the release of the Road Opening Permit**

I HAVE READ AND AGREE TO ABIDE BY NCDPW RULES AND REGULATIONS FOR PERMITTED WORK ON AND WITHIN NASSAU COUNTY RIGHT-OF-WAY AND I HAVE PROVIDED THREE (3) FULL SIZE, APPROVED 239F SITE PLAN PACKAGES WITH THIS APPLICATION.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

PERMIT APPROVED  PERMIT REJECTED

**Deposit Amount:** \$ \_\_\_\_\_ **Bond Amount:** \$ \_\_\_\_\_ **Permit No.:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_