

# Village of Depew

## Building Department

Municipal Building • 85 Manitou St. • Depew, NY 14043  
716-683-1400 ext. 123 • 716-683-3538 (fax)  
www.villageofdepew.org

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September 16, 2016

Dear Sir or Madam:

Please submit the following for renewal of your Snowplow Permit for the 2016-17 Season.

1. The enclosed "Application for Snowplow Permit" – Please write legibly, answer all questions, include complete mailing address with Zip Code and print & sign the document on the signature line.
2. Fee: For 2016-17, the fees are listed on enclosed application.
  - a. A COPY OF EACH VEHICLE REGISTRATION MUST BE SUBMITTED WITH THE APPLICATION, NO EXCEPTIONS. Name on registration must match applicant name and/or business name.
  - b. **Permits will now be MAILED to applicant.** They will no longer be given at the same time the application is submitted.
3. New York State rules require that you show the Village of Depew:
  - a. A Certificate of Insurance showing Liability, separate Worker's Compensation policy number, and separate Disability Policy Number with expiration dates. Certificate holder is to be the Village of Depew.

OR

  - b. **Form CE-200** completely filled out and filed with Worker's Compensation if you are NOT required by Law to carry Worker's Compensation and Disability insurance. Form may be completed online with the NYS Workers Compensation Board ([www.wcb.ny.gov](http://www.wcb.ny.gov)). You must complete form online, print form, sign and submit with application.
  - c. **Snowplow Permits will NOT be issued if you do not file ALL the above documents with your application and fee. Do not send partial packages of required documents, they will not be processed and be returned by mail.**

Sincerely,



Carmi M. Poss  
Deputy Village Clerk

Enclosure

# VILLAGE OF DEPEW SNOW PLOW PERMIT

JUNE 1<sup>ST</sup> 2016 – MAY 31<sup>TH</sup> 2017

PLEASE PRINT LEGIBLY

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
(Street) PO BOX is not acceptable  
\_\_\_\_\_  
(Town, City) (Zip Code)

COMPANY NAME & ADDRESS (If Different): \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS WHERE APPLICANT CAN BE REACHED: \_\_\_\_\_

PHONE NUMBER WHERE APPLICANT CAN BE REACHED: \_\_\_\_\_

LIST OF VEHICLES USED BY APPLICANT: (Use additional application form if more than three (3) vehicles) FEE: **\$15.00 PER VEHICLE**

PERMIT #	TYPE	MODEL	YEAR	VIN NUMBER	PLATE NUMBER
____ VEH #1	_____	_____	_____	_____	_____
____ VEH #2	_____	_____	_____	_____	_____
____ VEH #3	_____	_____	_____	_____	_____

**\*\*A COPY OF EACH VEHICLE'S REGISTRATION MUST BE SUBMITTED WITH THIS APPLICATION, NO EXCEPTIONS.**

### CERTIFICATE OF INSURANCE REQUIRED

PROOF OF INSURANCES (WITH THE VILLAGE OF DEPEW NAMED AS THE CERTIFICATE HOLDER) MUST BE SUBMITTED WITH THIS APPLICATION.

WORKERS COMP INSURANCE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

LIABILITY INSURANCE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

DISABILITY INSURANCE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

**Pursuant to Village Ordinance, Chapter 203, Section 58, No person, firm or corporation shall plow snow within the Village of Depew unless a permit is issued by the Superintendent of Public Works of the Village of Depew, and such permit must be prominently displayed by affixing to the vehicle so it is visible from the exterior.**

**Pursuant to Village Ordinance, Chapter 203, Section 60, it is unlawful to plow, shovel, sweep or pile snow, ice or other materials in or beyond the right-of-way of any street or public highway.**

**\*\*DO NOT PLOW SNOW ONTO SIDEWALKS, BETWEEN THE SIDEWALK AND THE CURB AND/OR BLOCK FIRE HYDRANTS. SNOW MUST NOT BLOCK VIEW FROM VEHICLES PULLING ONTO STREETS.**

**I HEREBY CONSENT TO ALL RULES AND REGULATIONS SET FORTH BY CHAPTER 203, ARTICLE IX, OF THE VILLAGE OF DEPEW MUNICIPAL CODE. I ALSO UNDERSTAND THAT PAYMENT OF \$15.00 IS DUE FOR EACH VEHICLE, RENEWABLE EVERY YEAR.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT FULL NAME \_\_\_\_\_

**I HAVE RECEIVED A COPY OF THE VILLAGE OF DEPEW ORDINANCE PERTAINING TO SNOWPLOWING (ATTACHED on LAST PAGE (Blue Sheet) - Please tear off for your records)**

\_\_\_\_\_  
(PLEASE INITIAL)

DATE: \_\_\_\_\_

**INSURANCES SUBMITTED:**

WORKERS COMPENSATION OR WAIVER

LIABILITY

DISABILITY

FEE PAID                      AMOUNT: \$ \_\_\_\_\_                      CASH/ CREDIT/ CHECK # \_\_\_\_\_

RECEIPT # \_\_\_\_\_

COPY OF REGISTRATION SUBMITTED FOR EACH VEHICLE.

NAME ON REGISTRATION MATCHES APPLICANT NAME OR BUSINESS.

APPLICANT HAS COPY OF ATTACHED RULES AND REGULATIONS.

COPY OF PERMIT(S) & RECIEPT ATTACHED.

PERMIT NUMBER(S) 2016-17: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.