



# SARATOGA COUNTY DEPARTMENT OF PUBLIC WORKS

## SARATOGA COUNTY PUBLIC WORKS FACILITY

3654 GALWAY ROAD  
BALLSTON SPA, NEW YORK 12020-2517  
PHONE (518) 885-2235  
FAX (518) 885-8809

Chad M. Cooke, P.E.  
Commissioner

Thomas A. Speziale  
Deputy Commissioner

### SPECIAL HAULING PERMIT

(Rev. 01/08/2021)

#### **Application for Special Hauling Permit to Move Over County Highways a Vehicle or a Combination of Vehicles Exceeding the Dimensions and Weights as Specified in Section 385 of the Vehicle Traffic Law**

Applicant Company Name: \_\_\_\_\_ Haul Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Whose principal place of business is at: \_\_\_\_\_

To transport over county highways the following described vehicles and loads:

<u>Transporting Vehicle</u>	<u>License No.</u>	<u>GVW Weight</u>	<u>Overall Length</u>	<u>Overall Height</u>	<u>Overall Width</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Vehicle movement route to originate and terminate as follows:

From: \_\_\_\_\_ To: \_\_\_\_\_

Route:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

- NOTES:**
1. Attach the proper Certificate of Insurance and Additional Insured Endorsement to this Application (samples attached).
  2. Allow at least 10 working days (from date received by the County) for review & Processing of this application.
  3. Allow at least 15 working days for a Super Haul application to be reviewed and processed.

IT IS UNDERSTOOD AND AGREED:

That no vehicle movements will be made on Saturdays, Sundays or Holidays and that all movements will be limited to daylight hours only, when weather and road conditions are favorable, in which all movement over weak and posted bridges will be detoured. No moves allowed while County snow removal operations are being conducted. Vehicle movements are further restricted by current NYS DOT Oversize Travel Holiday Restrictions.

Applications for vehicle hauls in excess of 200,000 pounds, 160 feet in length, 16 feet in width or 16 feet in height (or any combination) must be accompanied by NYS DOT Special Hauling Route Survey and Permit Drawing showing the side and rear elevations, overhangs and axle configuration with tires per axle. Hauls with vehicles over 200,000 pounds require a County approved engineering analysis and report for any structures crossed and roadways along the proposed route, and a NYS P.E. representative of such firm must accompany the permitted load as it crosses all structures as required by the report or directed by the permit. Hauls with vehicles over 15 feet in height must be accompanied by a County authorized signal contractor to move any traffic signals along the route.

Any and all vehicle movements will be made in the manner provided by law, and in accordance with the conditions and regulations as hereinafter set forth, all forming a part hereof, in which the applicant agrees in the acceptance of this permit to assume all responsibility and liability for damages to person and/or property that may accrue during such movements of the vehicle or combination of vehicles through the negligence of himself, his agents or employees, or from any other cause and to save the County of Saratoga harmless therefrom.

All permits issued by Saratoga County DPW shall be revocable at their discretion without a hearing or the necessity of showing cause, either before or during vehicle movement. Applicant is responsible for any and all damages to the Saratoga County Highway infrastructure resulting from this haul. It is recommended the applicant video existing conditions of all County property, structures and roads along the proposed route and submit such video to the County along with this application prior to the haul.

Contents of Haul: \_\_\_\_\_ Hazardous Materials: \_\_\_\_\_ Placards: \_\_\_\_\_

Notes and Restrictions: \_\_\_\_\_

\_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Printed Name and Title of Applicant**

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant** **Date**

Email: \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
**Chad M. Cooke, P.E.**  
**Commissioner of Public Works**

\_\_\_\_\_  
**Date**

Email submissions may be sent to: [GMeier@SaratogaCountyNY.Gov](mailto:GMeier@SaratogaCountyNY.Gov)



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### **SARATOGA COUNTY INSURANCE CERTIFICATE REQUIREMENTS**

Rev. 01/08/2021

Saratoga County has certain requirements regarding insurance coverage. Please forward the attached samples to your insurance company so they may prepare the proper documents.

1. Non-US insurance companies must state on the Certificate of Liability Insurance their insurance is valid in the USA and the State of New York.
2. General Liability – General aggregate minimum limit must be \$3,000,000 US Dollars, or equivalent.
3. **County of Saratoga is to be named as additional insured...** this must be shown under DESCRIPTION OF OPERATIONS.
4. A **Commercial General Liability Additional Insured Endorsement Rider** stating **County of Saratoga is to be named as additional insured** is to accompany each insurance certificate.
5. Under CERTIFICATE HOLDER, it must read as follows:  
  
**County of Saratoga  
40 McMaster Street  
Ballston Spa, NY 12020**
6. Automobile Liability coverage must be included if contract calls for any transportation services or use of an automobile.
7. Workers Compensation coverage is required and must be shown.

If these requirements are not met, the permit application review may be delayed and/or the permit application may be denied. Thank you for your anticipated cooperation in this matter.

## SARATOGA COUNTY INSURANCE CERTIFICATE REQUIREMENTS

**Please email completed Certificate and Endorsement to:**  
**GMeier@SaratogaCountyNY.gov**

**...or mail to:**  
**Saratoga County DPW**  
**3654 Galway Road**  
**Ballston Spa, NY 12020**  
**Attn: Gary Meier**

**Liability Limits**  
**\$1,000,000 single limit coverage for liability and property damage**

**Additional Insured**  
**County of Saratoga is named as additional insured.**

**Description of Operations...**  
**General Statement - ie type of work or activity, address, date(s), etc.**

**Certificate Holder**  
**County of Saratoga**  
**40 McMaster Street**  
**Ballston Spa, NY 12020**

<b>ACORD. CERTIFICATE OF INSURANCE</b>					
<b>PRODUCER</b>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
<b>SAMPLE FORMAT</b>	COMPANIES AFFORDING COVERAGE				
INSURED	COMPANY A				
	COMPANY B				
	COMPANY C				
	COMPANY D				
COVERAGES: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS.					
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECT.	POLICY EXP.	LIMITS	
GENERAL LIABILITY				GENERAL AGGREGATE	\$ 3,000,000.00
X Commercial General Liability				PRODUCTS-COMP/OP	\$ 2,000,000.00
Claims Made X Occur.				PERSONAL&ADV INJURY	\$ 1,000,000.00
Owners & Contractor's Prot.				EACH OCCURRENCE	\$ 1,000,000.00
				FIRE DAMAGE	\$ 50,000.00
				MED EXP.	\$ 5,000.00
AUTO LIABILITY				COMBINED SINGLE LIMIT	
ANY AUTO				BODILY INJURY (PER PERSON)	
ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	
SCHEDULED AUTOS				PROPERTY DAMAGE	
HIRED AUTOS					
NON-OWNED AUTO					
GARAGE LIABILITY					
EXCESS LIABILITY				EACH OCCURRENCE	
Umbrella Form				AGGREGATE	
Other than Umbrella Form					
WORKERS COMP. AND EMPLOYER'S LIABILITY				STATUTORY LIMITS - EACH ACCIDENT	
				DISEASE POLICY LIMIT	
				DISEASE EACH EMP.	
OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS					
<b>County of Saratoga is to be named additional insured.</b>					
<b>(A Commercial General Liability Additional Insured Endorsement Rider is also to accompany the certificate naming County of Saratoga as additional insured.)</b>					
<b>CERTIFICATE HOLDER</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
<b>COUNTY OF SARATOGA</b>					
<b>40 McMaster Street</b>					
<b>BALLSTON SPA, NY 12020</b>					
	Authorized Representative				

**SARATOGA COUNTY INSURANCE CERTIFICATE REQUIREMENTS**

**SAMPLE**

**ENDORSEMENT NO.**

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**Effective Date:**

**Policy Number:**

*Note: Please ensure Policy Number matches that on Insurance Certificate*

**Issued To:**

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.**

**COMMERCIAL GENERAL LIABILITY  
ADDITIONAL INSURED ENDORSEMENT**

**This endorsement applies to:**

In consideration of the premium charged , the "Designated Entity" or "Designated Entities" shown below shall be included as additional Insured(s), but only as respect to claims arising out of the sole negligence of the individual or entity specified in the PERSONS INSURED Section of the policy.

**Additional Definition**

**"Designated Entity" or "Designated Entities" as used in this endorsement shall mean:**

**County of Saratoga, 40 McMaster Street, Ballston Spa, N.Y. 12020**

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**ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED**