

The Organization MUST comply with the following before a permit will be issued:

- Provide a **certificate of insurance** showing General Liability and Property Damage Insurance that is **no less than \$1,000,000 (1 Million) per occurrence and \$2,000,000 (2 Million) general aggregate.**
The certificate must:
 - a) Name the Town of Huntington as additional named insured by endorsement
 - b) Provide for the Town of Huntington as Certificate Holder
 - c) Provide that the Certificate Holder be notified 30 days prior to cancellation, nonrenewal or material change of action.
 - d) In the description section, specifically reference the event or activity that is the subject of the Hold Harmless and Indemnification Agreement.
 - e) **Certificate Holders Address should be: Town of Huntington, 30 Rofay Dr., Huntington, NY 11743.**
- **Contact the Suffolk County Police Dept., 2nd precinct, regarding closing roads and assistance with route safety. Please provide documentation setting forth their approval.**
- It is the Organization's responsibility to **notify the residents** along the route at least two weeks in advance of the upcoming event. Please indicate your intended method of notification. Ex: letter, Email, traffic device, etc.
- The organization is responsible to determine the number of barricades and cones required. Please complete the barricade/cone form and attached with your application.
- If your event involves roads other than Town of Huntington, please contact the following agencies that encompass your roads. **Please provide the Highway office with documentation setting forth their approval.**

Suffolk County Road:

Suffolk County Department of Public Works
Permit Division
335 Yaphank Ave.
Yaphank, NY 11981
Office – 631-852-4100

N.Y. State Road:

Attn: Special Use Permits
NYSDOT – Traffic Engineering & Safety
NYS Office Bldg. Room 6A-7
250 Veterans Memorial Hwy.
Hauppauge, NY 11788-5518

Mr. Tariq: 631-952-6038

Mr. Joseph: 631-420-4270

Fax – 631-952-4967

Website: www.dot.ny.gov

Email:

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And

Mr. Wolff Joseph

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