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TOWN OF HUNTINGTON HIGHWAY OFFICE

30 Rofay Dr., Huntington, NY 11743 Tele. 631-499-0444 Fax 631-499-3512

Andre Sorrentino Superintendent of Highways

### PARADES, RACES, WALK-A-THONS AND OTHER EVENTS INSTRUCTIONS

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**, 100 Main Street, Huntington, NY 11743 as additional named insured by endorsement
  - b) Provide for the Town of Huntington Highway Dept. 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 Highway Dept., 30 Rofay Dr., Huntington, NY 11743.
- It is the Event Organizer's responsibility to notify the residents and motorists along the route at least two weeks in advance of the upcoming event. Signs should be posted at half-mile intervals and at the end of every street that intersects with the event route. Please see the attached statement, indicate where your signs will be posted, sign and return to this office along with your application.
- Each organization is responsible for notifying the police, fire departments, schools and postal services for emergency and operational purposes. Using the attached "Notification Statement", please include the phone numbers for the agencies and provide the name of each person that you notified of the upcoming road closure.
- If any part of your event's route takes place on, or intersects with, a NY State roadway (e.g. 25A, Route 110 or Jericho Turnpike), you will need to contact the NY State Department of Transportation at least 4 weeks before your event (see below) and you will need to provide the Highway office with documentation setting forth their approval.

#### N.Y. State Roadways:

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



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### PARADES, RACES, WALK-A-THONS AND OTHER EVENTS

#### **REQUEST FORM**

THIS FORM MUST BE SUBMITTED TO THE HIGHWAY OFFICE AT LEAST 45 DAYS IN ADVANCE OF YOUR EVENT. ALL REQUIRED FORMS MUST BY COMPLETED 3 WEEKS PRIOR TO EVENT.

ORGANIZATION NAM	E:
MAILING ADDRESS:	
TYPE OF EVENT:	
DATE OF EVENT:	RAIN DATE (if any):
TIME OF EVENT:	ESTIMATE COMPLETION TIME:
ORGANIZATION CONT	TACT INFORMATION:
NAME:	
CELL PHONE #:	HOME PHONE #:
EMAIL ADDRESS:	
ASSEMBLY AREA:	
ROUTE:	
ATTACH GOOGLE MA	P HIGHLIGHTING ROUTE
ATTACH A LIST OF RO	DADS IN THE TOWN OF HUNTINGTON THAT WILL BE TEMPORARILY CLOSED.
	· J C II changes
Andre Sorrentino, Supe	rintendent of Highways

Please send this form to address above. Upon approval of event by Superintendent, You will be required to complete the Application and Agreement form. Form can be picked up at the Highway Office weekdays before 3:30pm or downloaded on our website at <a href="www.huntingtonny.gov/highway">www.huntingtonny.gov/highway</a>. When submitting Application and Agreement Form, please attached this sheet with it.

IMPORTANT – The Agreement form requires two authorized, notarized signatures from the group, and you are required to provide Insurance.



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### PARADES, RACES, WALK-A-THONS AND OTHER EVENTS APPLICATION AND AGREEMENT FORM

### ALL REQUIRED FORMS MUST BY COMPLETED 3 WEEKS PRIOR TO EVENT.

The Town of Huntington is granting its consent to:

Hereinafter referred to as the "Organization" to conduct its activities on the streets and highways of the Town and the "Organization" requesting said consent hereby agrees that the "Organization" shall indemnify and hold harmless the Town of Huntington, its agents, volunteers, and employees in the event that any claims of personal injury or property damage is made arising out of the activity being conducted by the "Organization."

It is further agreed to and understood that the nor the activity in question, other than to have locations outlined in the permit for a limited p	consented to permit the "C	rganization" named her	e "Organization" herein, rein to specified use of the
Organizations Name:	Date of Ever	nt:	
MUST BE SIGNED BY 2 ORGANIZERS, ORDER TO RECEIVE A PERMIT.	IN THE PRESENCE OF	NOTARY PUBLIC A	ND RETURNED IN
AGREED TO AND UNDERSTOOD BY:	SIGNATURE	and	PRINT
AGREED TO AND UNDERSTOOD BY:	SIGNATURE	and	PRINT
DATE:			
The undersigned represents the group of or that they are bound by the terms of the Agu	rganization requesting thi reement.	s permit above descril	oed and understands
State of New York			
	ss		
County of Suffolk			
On theday of Public in and for said State, personally app		personally K	nown to me or proven to
me on the basis of satisfactory evidence to lacknowledgeed to me that he/she executed instrument, the individual acted, executed	the same in his/her capac	ame is subscribed to the sity and that by his/her	ie within instrument and signature on the
Notary Public			



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### PARADE/RUN/WALKATHON/EVENT BARRICADE REQUEST FORM

Organization:	Date of Event:
Event Name:	
Organizer in Charge of these is	tems:
Cell phone #:	email address:
Time of Event:	
Rain Date if any:	
Amount of Barricades:	
Barricade Delivery Date: (Always	ays Fridays before weekend events)
	cades: (attach list if necessary)
We ask the Organization for he	elp in returning the barricades back to their delivery points
Please Sign: X	



30 Rofay Drive Huntington, New York 11743



## PARADES, RACES, WALK-A-THONS AND OTHER EVENTS NOTIFICATIONS

It is the Organization's responsibility to notify motorists, area residents, local Post Office, Local Fire Department/Ambulance, and the local Police Department of your upcoming road closure event AT LEAST 2 WEEKS PRIOR TO THE EVENT

Name of Event:	Date of Event:
Date when signs will be posted:	
Locations:	
Name Fire Department/Ambulance Contacted:	
Name Post Office Contacted:	
Name Police Department Contacted:	
Event Organizer Signature:	Dated:

\* IMPORTANT All signs MUST be REMOVED by Organization at the conclusion of the event