



Daniel P. Losquadro
Superintendent of Highways

HOW TO TRANSFER A HIGHWAY WORK PERMIT

1. Complete Transfer Affidavit. **This affidavit must be notarized.**
2. Only if bond money is being held in escrow on the permit will it be necessary to complete the Assignment of Highway Escrow form. If this form is required, **it must be notarized.**
3. **Insurance Requirements:** The Permit Holder/Contractor must furnish the Town of Brookhaven with a Landlord's & Owner's policy or Homeowner's Liability policy naming the Town of Brookhaven and Superintendent of Highways as ADDITIONAL INSURED in the following amounts: \$100,000.00 and \$300,000.00 personal injury and \$50,000.00 property damage. If the Permit Holder/Contractor already has liability insurance, a certificate naming the Town of Brookhaven and Superintendent of Highways as ADDITIONAL INSURED for the same amounts is required.

If you are using the contractor's insurance, the contractor must provide the above certificate of insurance **and** a letter, **on company letterhead**, authorizing the applicant/property owner to use the contractor's insurance. We must have the **original** letter. This letter cannot be faxed or emailed.

4. Submit notarized form(s), insurance certificate and \$150.00 fee to Highway Engineering. Make check, bank check or money order payable to *Town of Brookhaven Highway Dept.*
We cannot accept cash, credit or debit cards.

Town of
Highway



Brookhaven
Department

Daniel P. Losquadro
Superintendent of Highways

**HIGHWAY WORK PERMIT
TRANSFER AFFIDAVIT**

PERMIT # _____

DATED _____

The undersigned, being duly sworn, does depose and state as follows:

I am the (owner) (contract vendee) (other _____) of certain premises located at

New York, for which the above Highway Work Permit was issued.

I hereby assume all responsibilities and obligations pursuant to the above Highway Work Permit and agree to complete all work within the Highway Right of Way in accordance with the Town of Brookhaven specifications.

SIGNATURE

PRINT NAME

COMPANY NAME

STREET ADDRESS

TOWN, STATE AND ZIP CODE

PHONE NUMBER

State of New York)
) ss.:
County of Suffolk)

On the _____ day of _____ in the year 20____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC

**FORM CANNOT BE FAXED OR MAILED;
IT MUST BE HAND DELIVER TO OUR OFFICE.**

Division of Engineering
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