

TOWN OF NEW SCOTLAND

Douglas LaGrange
SUPERVISOR

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BOARD MEMBERS

Office of the Town Supervisor
2029 New Scotland Rd
Slingerlands, NY 12159



Lisa M. Ramundo, P.E.
Commissioner ACDPW
449 New Salem Rd.
Voorheesville, NY 12186

April 21, 2022

LISA
Dear Ms. ~~Ramundo~~,

Please find attached the Town of New Scotland's application for an A.C. Rail Trail connection with the associated engineered plans. This proposed connection would provide for safer pedestrian access to the Rail Trail from Fairfax Blvd. in the Kensington Woods development. At this point, the only access is by Hilton Rd. which does not accommodate pedestrian traffic for many reasons.

If you have any questions or comments, please let me know.

Thank you for your consideration.

Sincerely,

Douglas E. LaGrange
Supervisor
Town of New Scotland

Phone: (518) 439-4889 ♦ Fax: (518) 439-8554 ♦ TDD: (800) 662-1220

The Town of New Scotland is an equal opportunity provider and employer. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Ave., S.W., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).



ALBANY COUNTY DEPARTMENT OF PUBLIC WORKS
449 NEW SALEM ROAD, VOORHEESVILLE, NY 12186
Phone: (518) 765-2055 Fax: (518) 765-3459 dpw@albanycountyny.gov

NON-UTILITY WORK PERMIT APPLICATION

| | |
|-----------------------|--|
| FOR DPW USE ONLY 7/14 | |
| Permit No. | _____ |
| Effective Date | ____/____/____ |
| Expiration date | ____/____/____ |
| ECP or SWPPP? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Application is hereby made for a work permit:

Name TOWN OF NEW SCOTLAND
 Address 2029 NEW SCOTLAND ROAD
 City SLINGERLANDS State N.Y. Zip 12159
 RETURN PERMIT TO: (IF DIFFERENT FROM ABOVE)
 Name _____
 Address _____
 City _____ State _____ Zip _____

Contact person (if different from left): DOUGLAS LAGRANGE
 Daytime Phone: 518-852-0139 Fax: 518-439-8554
 Email: DLAGRANGE@TOWNOFNEWSCOTLAND.COM
 BILLING ADDRESS IF DIFFERENT FROM MAILING ADDRESS:
 Name _____
 Address _____
 City _____ State _____ Zip _____

1. Requested duration from MAY 1 2022 through MAY 1 2023, to apply to the operation(s) checked below.
 2. Protective Liability Insurance Policy No. MPLTNSCT001; expires on JULY 21 2022
 3. Workers' Compensation Insurance Policy No. WC0001303-0; expires on DEC 31 2022

| TYPE OF OPERATION | No. of Units | Base Fee | Total Fee Amount | Guarantee Deposit or Bond Amount |
|---|--------------|-----------------------------------|------------------|----------------------------------|
| 1. Single Job - Permit issued for each job | | | | |
| <input checked="" type="checkbox"/> a. Driveway, roadway or access | | | | |
| <input type="checkbox"/> Residential <input type="checkbox"/> Agricultural field access | | \$ 25 | | |
| <input type="checkbox"/> Commercial - Minor * | | 550 | | |
| <input type="checkbox"/> Commercial - Major * | | 1400 | | |
| <input type="checkbox"/> Subdivision Street * | | 900 | | |
| <input type="checkbox"/> Temporary access road or street | | 200 | | |
| * Includes SWPPP review, if applicable | | | | |
| <input checked="" type="checkbox"/> b. Improvement | | | | |
| <input type="checkbox"/> Residential | | 15 | | |
| <input type="checkbox"/> Commercial | | 50 | | |
| <input checked="" type="checkbox"/> Install sidewalk, curb, paved shoulder, etc. | | 200 | | |
| <input checked="" type="checkbox"/> c. Landscaping and Tree Work | | | | |
| <input checked="" type="checkbox"/> Grade, improve land contour, clear land of brush, etc. | | 100 | | |
| <input type="checkbox"/> Residential | | 15 | | |
| <input type="checkbox"/> Commercial (not required for pruning with utility annual permit) | | 25 | | |
| <input type="checkbox"/> Applying chemicals (Herbicides and pesticides also require prior approval by the County Pest Mgt. Committee) | | 25 | | |
| <input type="checkbox"/> d. Miscellaneous Construction | | | | |
| <input type="checkbox"/> Beautifying R.O.W. (for civic groups only) | | N/C | | |
| <input type="checkbox"/> Temporary signs, banners, Christmas decorations | | 25 | | |
| <input type="checkbox"/> Traffic control signals | | 500 | | |
| <input type="checkbox"/> Warning and entrance signs | | 25 | | |
| <input type="checkbox"/> Work Zone / Temporary Traffic Control | | 50 | | |
| <input type="checkbox"/> Other: _____ | | 25 | | |
| <input type="checkbox"/> Requiring substantial review | | 100 | | |
| <input checked="" type="checkbox"/> e. Drainage and stormwater controls | | | | |
| <input checked="" type="checkbox"/> Cross culvert / closed drainage: | | | | |
| <input type="checkbox"/> No disturbance to county facility | | 50 + 0.32/ft | | |
| <input type="checkbox"/> Open cut through pavement, sidewalk, drainage or other facility | | 100 + 0.50/ft + 100/day insp. fee | | |
| <input type="checkbox"/> Open drainage: | | 32 + 0.32/ft | | |
| <input type="checkbox"/> New drainage structure (junction box, utility hole, drop inlet, etc) | | 50 ea. | | |
| <input type="checkbox"/> Alteration or connection to county drainage system or structure | | 50 ea. | | |
| <input type="checkbox"/> f. SWPPP Review, if not included in Section 1a | | 50 | | |
| <input type="checkbox"/> 2. Compulsory permit for work required by DPW | | | | |
| <input type="checkbox"/> a. Building demolition or moving requested by DPW | | N/C | | |
| <input type="checkbox"/> Demolition <input type="checkbox"/> Moving | | | | |
| <input type="checkbox"/> b. Improvement to meet Department standards | | N/C | | |
| <input checked="" type="checkbox"/> 3. Use and occupancy of county property | | | | |
| <input type="checkbox"/> a. Temporary (<1 yr.) | | 50 + 5/SF | | |
| <input checked="" type="checkbox"/> b. Permanent | | 100 + 10/SF | | |
| Total | | | \$ _____ | \$ _____ |

MAKE CHECKS PAYABLE TO: ALBANY COUNTY DIRECTOR OF FINANCE

Check No. _____ Bond No. _____

WORK DESCRIPTION: PROVIDING A PEDESTRIAN CONNECTION BETWEEN FAIRFAX BLVD. (OFF HILTON RD) AND THE ALBANY COUNTY RAIL TRAIL FOR SAFER ACCESS. WORK WILL INCLUDE MINOR CLEARING, CULVERT INSTALLATIONS, AND GRADING TO MEET ELEVATIONS AND ADA REQUIREMENTS

LOCATION: Work to be performed ☐ on ☐ along ☐ across County Route _____ (ATTACH PLANS AND/OR LOCATION MAP)
 Between FAIRFAX BLVD and RAIL TRAIL in the Town of NEW SCOTLAND

Street address: _____

SEQR REQUIREMENTS: ☒ Exempt ☐ Ministerial ☐ Type II ☐ EIS / DEIS Lead Agency _____

If project is identified to be other than ministerial, exempt or TYPE II, refer to SEQR REQUIREMENTS FOR HIGHWAY WORK PERMITS.
 Acceptance of the requested permit subjects the permittee to the restrictions, regulations and obligations stated on this application and on the permit.

WORK ZONE TRAFFIC CONTROL: (Check appropriate box)

☒ Work will not affect roadway or sidewalks

☐ Traffic control will be provided using MUTCD Typical Application(s) 6H- _____

☐ Temporary Traffic Control Plan attached

Applicant Signature [Signature] Date 04-21-22 2022

Second Applicant Signature _____ Date _____ 20____

Approval Recommended _____ 20____ By Engineer _____

Approved _____ 20____ By Commissioner _____

Permit is issued contingent upon all US, state and local permits and requirements being satisfied. Albany County Special Hauling Permit required for delivery of oversized / overweight components or equipment: <https://haulingpermit.albanycounty.com/>