PERMIT NUMBER:	Town of West Seneca
	Application for Snow Plowing/Snow Removal
	Date:
•	OPERATOR INFORMATION
Business name:	
Owner name an	d address:
Phone number:	Driver license number:
Make and mode	of plow vehicle: Color of vehicle:
License plate nu	mber: Vin number:
	INSURANCE INFORMATION
Copy of current veh	icle insurance: Provided Not provided
Copy of current liab	ility insurance: Provided Not provided
	APPLICATION DATES
Permit will commen	ce on OCTOBER 1 and expire on APRIL 30 of the following year.
	RULES AND REGULATIONS
 This permit is no 	
	uires a separate permit st have the office Town of West Seneca sticker affixed to vehicle window in appropriate
manner _.	will plow snow across or into roadway leaving snow piles or drifts that will create a hazard
to traffic or pede	strians
 Per Town of We 	not be covered, blocked, or impeded in any way that affects access. st Seneca zoning ordinance, it is the responsibility of the owner to keep sidewalks clear of
snow • Homeowners plo	wing his/her own snow on their own property and for their use only are exempt from this
 Applications can 	ill bound by the applicable rules and regulations be revoked or suspended at any time if provisions of this ordnance are not met
 Contractor will ke 	eep mailboxes at street clear when removing snow le in the right of way will be the snow removal contractor's responsibility
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By signing this a	pplication, the applicant acknowledges all rules, regulations, and
	the Town of West Seneca ordinances.
Signature of app	licant:

Fee: _____