



**New York State Canal Corporation
CANALWAY TRAIL ADOPT-A-TRAIL
PERMIT APPLICATION**

Please Enclose Non-Refundable Fee of \$15.00

NAME	WORK PHONE NUMBER	HOME PHONE NUMBER
ADDRESS	FAX NUMBER	COUNTY
TOWN/VILLAGE/CITY	STATE	ZIP CODE

USE AND OCCUPANCY PERMIT NO. (if Pre-existing)

PERMISSION REQUESTED TO:

DURATION OF WORK (if applicable)
 FROM: _____ THROUGH: _____
 MM/DD/YYYY MM/DD/YYYY

DESCRIPTION OF CANAL PROPERTY (including existing structures and map or sketch showing adjacent owners, streets, etc.)

LOCATION OF CANAL PROPERTY

APPLICANT'S SIGNATURE	DATE
SECOND APPLICANT'S SIGNATURE (If joint application)	DATE

FOR OFFICIAL USE ONLY

PERMIT AREA DESCRIPTION

APPROVAL RECOMMENDED: _____
 Division Canal Permit Engineer Date

DIVISION APPROVAL: _____
 Division Canal Engineer Date

COMMENTS: _____
