

**OFFICE OF PARKS, RECREATION & HISTORIC PRESERVATION
SPECIAL USE PERMIT (PRHPL § 3.09(2)(5)(7-a) and (14))
Other Power-Driven Mobility Device (OPDMD)**

_____ **Region**
_____ **State Park/State Historic Site** **Permit No.** _____

OPDMD REQUESTED:

_____ **Gas-powered** devices are powered by a gas-fueled engine using natural gas, gasoline, diesel, synthetic or bio fuel, or combination thereof, including ATVs, carts, off-road bikes, motor scooters, motorcycles, tractors, and vehicles.

_____ **Electric-powered** devices are powered by batteries, including multiple passenger carts, electronic personal assistance mobility devices (such as the Segway PT), and battery-powered bikes.

_____ **Tandem wheel** devices are two, three or four-wheeled mobility devices where the wheel alignment is parallel along one or more axles.

_____ **Inline wheel** devices are two-wheeled mobility devices where the wheel direction of travel is aligned in the same plane.

Make and Model of Mobility Device _____

APPLICANT:

Name		Telephone Number	
Address	City	State	Zip Code
Emergency Contact	Home Telephone	Cell Phone	

DATE & TIME OF VISIT: _____ From: _____ am/pm To: _____ am/pm

INTENDED ITINERARY & PARK AREA(S) REQUESTED:

__Trail __Outdoor Recreation Area __Picnic Area __Lawn Areas __Swim Facility __Cultural Facility __Other _____

Describe intended itinerary and any special needs or requests for accommodation: _____

I have read all the terms and conditions on both sides of the application and agree to comply with them.
I understand that I will be held responsible for my failure to comply with the terms and conditions of this Permit.

Applicant Signature: _____ **Date** _____

**FOR OFFICE USE ONLY: ADA FACILITY/ DEVICE ASSESSMENT ON FILE AT FACILITY _____(Y/N)
IF NO ASSESSMENT ON FILE EVALUATE CRITERIA:**

In addition to the factors below, periodically occurring seasonal conditions, including, but not limited to, flooding, rock slides, wild fires or danger of wild fires, and large crowds may be considered in determining whether to issue a permit and the conditions thereof.

Review the request under the following criteria and determine if appropriate given the proposed use: (Y/N)

- _____ The type, size, weight, dimensions, and speed of the OPDMD;
- _____ The facility's volume of pedestrian traffic (which may vary at different times of the day, week, month, or year);
- _____ The facility's design and operational characteristics (e.g., whether its service, program, or activity is conducted indoors, its square footage, the density and placement of stationary devices, and the availability of storage for the OPDMD, if requested by the user);
- _____ Whether legitimate safety requirements can be established to permit the safe operation of the OPDMD at the facility;
- _____ Whether the use of the OPDMD creates a substantial risk of serious harm to the immediate environment or natural or cultural resources, or poses a conflict with land management laws and regulations.

Date & Time Received: _____ **Permit Granted:** _____(Yes/No)

If denied, indicate reason for denial and provide name and contact information of Regional Director for any appeal on the reverse side. If granted, indicate any additional Special Permit conditions on reverse side.

Facility Manager _____ **Date**

GENERAL TERMS & CONDITIONS

1. The Permit is effective only upon signature by the authorized Facility Manager or designee.
2. The Permit authorizes only the activity specified and only for the dates and times approved.
3. OPRHP reserves the right to amend the terms and conditions as necessary to protect public health, safety, and welfare or to protect park property.
4. The Permittee shall observe all applicable OPRHP laws, regulations and policies. Failure to adhere to such rules may lead to revocation of this Permit.
5. The Permit must be in the possession of the Permittee and shall be displayed on the OPDMD or presented upon the request of any OPRHP employee.
6. The Permit is not transferable.
7. The Permittee shall be responsible for any damage to park property or facilities, as well as property of others that may result from activities authorized under this Permit. To the extent allowed by State law the Permittee assumes all risk and shall hold harmless the State of New York and the New York State Office of Parks, Recreation and Historic Preservation, its officers, agents, and employees for damages for injury or death to him/her self or others resulting from the activities undertaken pursuant to this permit or any unauthorized activities undertaken in contravention of the Permit conditions.
8. The Permittee is responsible for obtaining utility service and fuel and OPRHP shall not be responsible for providing any utility service or fuel, including but not limited to gas, electricity, etc. beyond that which is otherwise available to the general public in the facility.
9. The Permittee shall promptly report all unusual incidents directly to the Facility Manager or designee or the Park Police. These include, but are not limited to, damage to state property, accidents, personal injuries, and emergencies involving medical personnel.

SPECIAL CONDITIONS

1. OPRHP facilities may post, and the Permittee shall comply with, speed limits for a particular facility or area of the facility. In the absence of a posted speed limit, OPDMDs shall not exceed 10 miles per hour.
2. OPDMDs must yield to other non-powered park users.
3. OPDMDs must stay on designated trails or bikeways at all times. Exceptions can be made when necessary to cross turf areas to leave or rejoin a trail.
4. Unless allowed by this Permit, OPDMDs are not permitted in historic structures, ruins, or other sensitive historic or cultural areas.
5. When required by New York State Law, the Permittee shall wear an appropriate helmet while operating the device.
6. Other (e.g., OPRHP may require vehicle insurance under this Permit for certain OPDMDs– contact Counsel’s Office).

If permit is denied, indicate reason and provide name and contact information of Regional Director for any appeal.

Reason: _____

Regional Director: _____
Phone: _____ Email: _____