



# Town of Dover

Building Department  
126 East Duncan Hill Road  
Dover Plains, NY 12522  
845.832.6111 x102 – Building Inspector  
845.832.6111 x103 – Clerk  
845.832.3188 - Fax

### For Office Uses Only

Permit #: \_\_\_\_\_ Zone: \_\_\_\_\_  
Grid #: \_\_\_\_\_  
Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  
Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

## ***Fireworks Display Permit Application***

(Must be filled out **IN FULL WITH PAYMENT** before review. Incomplete applications will be returned.)

**Owner of Property:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Cellular #: \_\_\_\_\_  
**Applicant's Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Cellular #: \_\_\_\_\_  
E-mail \_\_\_\_\_  
**Pyrotechnics Company:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Cellular #: \_\_\_\_\_  
Address of Proposed Project: \_\_\_\_\_ Lot #: \_\_\_\_\_  
**Subdivision Name:** \_\_\_\_\_

Application is hereby submitted to the Building Inspector/Code Enforcement Officer of the Town of Dover for the approval of plans and detailed statement of the specifications of work to be performed.

### **Applications will be considered when the following information is supplied:**

- Check for **\$160.00** Fireworks for **commercial only** (made payable to Town of Dover)
- Copy of license pursuant to §458 of the Labor Law of the State of New York
- Proof of insurance pursuant to §VI of Local Law #8 of 1988 (Liability & Property Damage)
- Proof of Workers' Compensation and Disability Insurance **OR** Affidavit of Exemption (www.wcb.state.ny.us for more information; **ACORD forms are NOT acceptable proof of NYS workers' compensation or disability benefits insurance coverage**).
- Survey map showing:
  - Description of all structures, including residential dwellings, located within 300 feet of the launch site.
  - A list of the names and the addresses of the owner (s) of any parcel of property immediately adjoining or abutting the parcel of property from which the blasting is to take place.
  - The precise location of magazine (s), intended detonation of explosives, as well as the size charges intended to be detonated and the proposed schedule of explosives. **Applicant shall also notify fire department.**

Estimated date(s) and time(s) of display, including rain dates: \_\_\_\_\_

I confirm that I have read Chapter 69 of the Town of Dover Zoning Law and understand my responsibilities of all provisions of Town of Dover Zoning Laws, New York State Uniform Fire Prevention & Building Code and State of New York Department of Labor requirements. The Town of Dover Zoning Law can be researched at [www.townofdovery.us](http://www.townofdovery.us) (click Links, Town Code).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Building Inspector/CEO

\_\_\_\_\_  
Date Issued