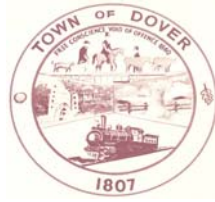


Town of Dover

Building Department

126 E. Duncan Hill Road
Dover Plains, NY 12522
845.832.6111 x102 - Building Inspector
845.832.6111 x103 - Clerk



Permit #: _____
Zone: _____

Grid #: _____

845.832.0370 - FAX

Blasting Permit Application

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

Application is hereby submitted to the Code Enforcement Officer of the Town of Dover for the approval of plans and detailed statement of the specifications for blasting as herein set forth. All provisions of the Law shall be complied with in the blasting, whether specified herein or not.

Applicant's Name: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Owner of Property: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Blaster: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Address of Proposed Project: _____	
Subdivision Name: _____	Lot #: _____
Is property within a registered: <input type="checkbox"/> Floodplain? <input type="checkbox"/> Wetland? <input type="checkbox"/> Easement? If yes, show on survey & describe	

Applications will be considered when the following information is supplied:

- Check for **\$250** for residential or **\$500** for commercial (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)
- Survey map showing:
 - Description of all structures, including residential dwellings, located within 300 feet of the blast 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 for detonation of explosives. Applicant shall also notify fire department.

Estimated date(s) and time(s) of blasting: _____
(Blasting shall occur only between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday, excluding weekends and holidays)

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.townofdover.us (click: Links, Town Code).

Signature of Applicant _____	DATE _____	Signature of Owner _____	DATE _____
------------------------------	------------	--------------------------	------------

<u>For Office Use Only</u>			
Permit Fee: \$ _____	Date paid: _____	Check #: _____	
Application is: APPROVED / DENIED		Code Enforcement Officer	Date Issued