

# 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

# Fireworks Display 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 displaying fireworks 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: _____  |                   |
| 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 **\$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](http://www.wcb.state.ny.us))
- Copy of Special Permit from the Dover Town Board **IF** an outdoor gathering of more than 2,500 people is expected (see Section 39-1 of the Town of Dover Zoning Law)
- 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 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 <a href="http://www.townofdoveryny.us">www.townofdoveryny.us</a> (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 |

December 1, 2008

**WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57**

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage;

*Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.*

**OR**

- B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the U-26.3; **OR**
- C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

**DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)**

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage;

*Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.*

**OR**

- B) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**
- C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

Please note that **for building permits ONLY**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1 (The homeowner obtains this form from either the Building Department or on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms.")

# NOTIFICATION SHEET FOR BLASTING PERMITS

DATE: \_\_\_\_\_

(Area Code: 845)

|                           |                                 |
|---------------------------|---------------------------------|
| TO: Dover Town Clerk      | 832.6111 x102<br>832.3188, fax  |
| Dover Building Department | 832.6111, x103<br>832.0370, fax |
| State Troopers            | 877-3669<br>877-9029, fax       |
| Sheriff Department        | 486-3800<br>452-2987, fax       |
| Dover Fire Department     | 877-6514<br>877-1170, fax       |

For your information, attached is a copy of a Blasting Permit issued by the Town of Dover Building Department.

Please be advised that blasting will occur at:

\_\_\_\_\_

during the hours of 8:00 am and 5:00 pm on:

\_\_\_\_\_