Code Enforcement Office Town of Patterson

1142 Route 311 | P.O. Box 470 | Patterson, NY 12563 845.878.6319 | buildingdepartment@pattersonny.org



<u>Office Use O</u> 1	<u>nly</u>	
Permit #:		
Date Received	l:	
Fee Due:	\$275.00	
Receipt #:		

Bla	asting Permit Application		
IMPORTANT: Neighbors and Poli	ce Department must be notified 24	1-hours prior to the	start of blasting.
	Property Information		
Residential Commercial		ther:	
Property Tax Map #:	Zoning District:	Lot Area:	
Property Address:	City:		Zip:
P	Property Owner Information		
Last Name:	First Name	::	
Corporation/Partnership/Other:			
Mailing Address:	City:	State:	Zip:
Email:	Phone:		
	Contractor Information		
Business Name:			
Mailing Street Address:	City:	State:	Zip:
Email:	Phone:		_
	Project Details		
☐ Site	Work Demoliti	ion	
Explosives to be Stored on Site?	No Yes; where:		
Insurance Company Name and Address			
(attach a copy of your liability certificate,			

	Applicant Certification*
<i>I</i> ,	, do hereby certify that the above statements are true to my knowledge
permit is granted. I am the Fire Prevention Co	d that it is my responsibility to familiarize myself with all ordinances under which this ware that all work must comply with all General Blasting Requirements, as noted in le. I similarly understand that any violations of these previsions will result in the this permit and a summons will be issued.
	•
Applicant Signature:	Date:/
* If anyone other than the	Date:/
* If anyone other than the permission to act on the ap	e property owner is signing as the applicant, we require an affidavit granting that party plicant's behalf be attached to the application. Reason for Denial:
* If anyone other than the permission to act on the ap	e property owner is signing as the applicant, we require an affidavit granting that party plicant's behalf be attached to the application.