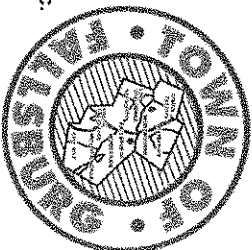


**Mollie Messenger**

Code Enforcement Officer

5250 MAIN STREET  
SOUTH FALLSBURG  
NEW YORK 12779  
(845) 434-8811  
FAX: (845) 434-5883



**TOWN OF FALLSBURG  
CODE ENFORCEMENT OFFICE**  
Member: New York State Building Officials Conference, Inc.

Permit #: \_\_\_\_\_  
SBL#: \_\_\_\_\_

### Blasting Permit Application

Application is hereby submitted to the Code Enforcement Officer of The Town of Fallsburg 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: _____	Lot #: _____
Subdivision Name: _____	
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 **\$ 50**
- 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)

Signature of Applicant _____	DATE _____	Signature of Owner _____	DATE _____
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<b>For Office Use Only</b>	
Permit Fee: \$ _____	Date paid: _____
Application is: APPROVED / DENIED	Check #: _____
Code Enforcement Officer	Date Issued