

**BUILDING DEPARTMENT
TOWN OF SOUTHEAST
ONE MAIN STREET
BREWSTER, NY 10509
PHONE - 845-279-2123 FAX - 845-279-3137**

Permit to Blast # _____ **Date** Mo ___ Day ___ Year _____

Name of Applicant _____

Address of Applicant _____ **Phone #** _____

Email _____

Location of Premises _____

Tax Map # _____

Owner of Premises _____ **Phone #** _____

Address of Owner _____ **Email** _____

Proof of License to Blast _____ **Copy of Notification Letter** _____

Certificate of Competency _____ **List of Properties to be Notified** _____

Two Certificates of Insurance (Liability & Workers' Compensation) _____

Property Owner's Notarized Consent _____

Copy or Sketch of Site Plan Indicating the Blasting Area _____

Fee \$250.00

Permit Valid From Mo ___ Day ___ Year _____ **to** Mo ___ Day ___ Year _____

Applicant shall adhere to part 39 title 12 of the codes, rules and regulations of the State of New York and local law 6-1987 governing explosives and blasting in the Town of Southeast.

Applicant's Name (printed)

Applicant's Signature

I acknowledge receipt of Blasting Regulations.

Issuing Agent

Title

Town of Southeast Building Department

One Main Street, Brewster, NY 10509

845-279-2123, fax-845-279-3137

Owner Consent Form

- Completion of this form is required when the applicant is not the property owner

Parcel Id # _____ e-911 Address of Property _____

Name of Applicant: _____ Phone _____

Project Description (**Means and Method of Blasting**) _____

I/We, _____, owners(s) of the above property hereby
 give my/our permission to (applicant's name) _____ to
 submit the above identified building permit application on my/our behalf and to represent me/us in all
 proceedings concerning the referenced application.

_____ Date _____

Owner (s) Signature(s)

Sworn to before me this _____ day of
 _____,

 Notary Public