

TOWN OF LAGRANGE

APPLICATION FOR BLASTING PERMIT

IDENTIFICATION OF APPLICANT

NAME OF OWNER _____ PHONE _____

PARCEL GRID NO. _____ 911 ADDRESS _____

NAME OF BUSINESS (If applicable) _____

CONTACT PERSON (For this Project) _____ PHONE _____

GENERAL CONTRACTOR _____ PHONE _____

DESCRIBE THE PROPOSED WORK FOR THIS APPLICATION

RESIDENTIAL

COMMERCIAL

OTHER

DESCRIPTION OF WORK TO BE PERFORMED _____

ACREAGE TO BE AFFECTED BY PROPOSED WORK: _____

DATE/S AND TIME/S BLASTING WILL BE PERFORMED _____

APPROVED FOR SUBMISSION (Please check appropriate boxes below)

ATTACHED HERETO & MADE A PART OF THIS APPLICATION I SUBMIT THE FOLLOWING DOCUMENTS:

- A PROPERTY SURVEY OR A COPY OF THE APPROVED PLOT OF THE AFFECTED PREMISES
- GRADING PLAN
- DRAINAGE EASEMENT TERMS (AS FILED WITH THE DEED)
- AN EROSION CONTROL PLAN AND SPECIFICATIONS FOR FINAL SITE STABILIZATION
- PRE-SURVEY INFORMATION (AFFECTED PROPERTY OWNERS THAT WERE NOTIFIED AND TO BE MONITORED, INCLUDING A MAP OF THE AREA)
- TOWN DRIVEWAY PERMIT
- DEPARTMENT OF TRANSPORTATION WORK PERMIT
- NYS EXPLOSIVES LICENSE AND INDIVIDUAL LICENSE(S)
- PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM#C-105.2 OR U26.3 BY THE CARRIER
- CERTIFICATE OF INSURANCE NAMING THE TOWN OF LAGRANGE AS ADDITIONAL INSURED

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF PLANNING, ZONING, & BUILDING PURSUANT TO THE CODE OF THE TOWN OF LAGRANGE AS ADOPTED BY THE TOWN BOARD. THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

SIGNATURE OF APPLICANT _____ DATE _____
(Must be signed in office)

OFFICE USE ONLY

APPLICATION FEE: \$25.00 Residential; \$50 Commercial BLASTING PERMIT FEE \$100/ACRE RECEIPT NO _____
DATE _____

APPLICATION NO. _____ DATE _____ BLASTING PERMIT NO. _____ DATE _____