

**BUILDING DEPARTMENT**  
**VILLAGE OF RYE BROOK**  
938 KING STREET RYE BROOK, NY 10573  
(914) 939-0668 FAX (914) 939-5801  
[www.ryebrook.org](http://www.ryebrook.org)

**BLASTING PERMIT APPLICATION**

**FOR OFFICE USE ONLY:**

Approval Date: \_\_\_\_\_ Permit #: \_\_\_\_\_ Application Fee: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Permit Fees: \_\_\_\_\_

Disapproved: \_\_\_\_\_ Other: \_\_\_\_\_

\*\*\*\*\*

Application dated: \_\_\_\_\_ is hereby made to the Building Inspector of the Village of Rye Brook, NY, for the issuance of a Permit for the Use of Explosives in Blasting Operations, as per detailed statement described below, and in accordance with all applicable Federal, State and Local Laws, Ordinances & Regulations.

**EXPLOSIVES AND RELATED MATERIALS SHALL NOT BE STORED WITHIN THE MUNICIPAL BOUNDARIES OF THE VILLAGE OF RYE BROOK WITHOUT WRITTEN AUTHORIZATION FROM THE BUILDING INSPECTOR.**

1. Job Address: \_\_\_\_\_ SBL: \_\_\_\_\_ Zone: \_\_\_\_\_

2. Property Use: \_\_\_\_\_ NYS Use Class: \_\_\_\_\_

3. Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ email: \_\_\_\_\_

4. Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ email: \_\_\_\_\_

5. Licensed Blaster: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ email: \_\_\_\_\_

License Number: \_\_\_\_\_

6. Jobsite Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ email: \_\_\_\_\_

7. Type & Quantities of Explosives: \_\_\_\_\_

8. Duration of Blasting Operations: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

8. The State Workman's Compensation Law provides that before a Building Permit is issued, the Contractor, Owner, Architect, etc., shall produce the following information:

Name of Compensation Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Please note that this application must include all notarized signatures indicated in the spaces provided below. An incomplete application shall be deemed null and void and will be returned to the applicant.

\*\*\*\*\*

STATE OF NEW YORK, COUNTY OF WESTCHESTER ) as:

\_\_\_\_\_, being duly sworn, deposes and states that he/she is the applicant above named, (print name of individual signing as the applicant) and further states that (s)he is the legal owner of the property to which this application pertains, or that (s)he is the, \_\_\_\_\_ for the legal owner and is duly authorized to make and file this application. (indicate architect, contractor, agent, attorney, etc.) That all statements contained herein are true to the best of his/her knowledge and belief, and that any work performed or use conducted at the above captioned property will be in conformance with the details as set forth and contained in this application and in any accompanying approved plans and specifications, as well as in accordance with the New York State Uniform Fire Prevention & Building Code, the Code of the Village of Rye Brook and all other applicable Federal, State, County and Local laws, ordinances and regulations.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Property Owner

\_\_\_\_\_  
Print Name of Applicant

-----  
Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Licensed Blaster

\_\_\_\_\_  
Print Name of Licensed Blaster