

APPLICATION FOR BLASTING PERMIT
TOWN OF NORTH CASTLE BUILDING & ENGINEERING DEPARTMENT
17 BEDFORD ROAD ARMONK, NY 10504 PHONE # (914) 273-8625

Property Notices _____ Site Plan _____ Building Permit # _____
 Copy of Tax Map _____ Bond _____ Permit Fee _____
 Copy of License _____ Insurance _____ CO Fee _____

Received By: _____ Approved By: _____

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(DO NOT WRITE ABOVE THIS POINT - OFFICE USE ONLY)

I HEREBY MAKE APPLICATION TO THE BUILDING INSPECTOR OF THE TOWN OF NORTH CASTLE FOR THE APPROVAL OF THE PLAN AND SPECIFICATION HERewith SUBMITTED AND FOR A PERMIT TO PERFORM SUCH WORK IN ACCORDANCE THEREWITH. IT IS UNDERSTOOD AND AGREED THAT ANY PERMITS ISSUED PURSUANT HEREIN IS ON THE EXPRESS CONDITION THAT ALL PROVISIONS OF THE NY STATE BUILDING CODE AND ZONING ORDINANCE OF THE TOWN OF NORTH CASTLE AND AMENDMENTS THERETO SHALL APPLY AND BE COMPILED WITH WHETHER SPECIFIED HEREIN OR NOT.

NO CHANGES TO PLAN OF SPECIFICATIONS SHALL BE MADE WITHOUT PRIOR APPROVAL OF THE BUILDING DEPARTMENT.

Location of Property: _____

Section: _____ Block: _____ Lot: _____

OWNER: _____ PHONE: (____) ____ - ____
 ADDRESS: _____ ZIP: _____

BUILDER: _____ PHONE: (____) ____ - ____
 ADDRESS: _____ ZIP: _____

BLASTER: _____ PHONE: (____) ____ - ____
 ADDRESS: _____ ZIP: _____
 LICENSE NUMBER: _____ EXPIRATION DATE: ____/____/____

TRANSPORTER: _____ PHONE: (____) ____ - ____
 ADDRESS: _____ ZIP: _____
 LICENSE NUMBER: _____ EXPIRATION DATE: ____/____/____

Description of Blasting Area: _____

 PRINT FULL NAME OF OWNER

 SIGNATURE OF OWNER

 PRINT FULL NAME OF APPLICANT

 SIGNATURE OF APPLICANT

I SWEAR THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF, THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, INCLUDING THE ACCOMPANYING PLANS AND SPECIFICATIONS AND AMENDMENTS THERETO, ARE A TRUE AND COMPLETE STATEMENT OF ALL PROPOSED WORK AND CONSTRUCTION TO BE DONE ON THE ABOVE DESCRIBED PREMISES AND PROPERTY, AND THAT ALL PROVISIONS OF THE BUILDING CODE AND ZONING ORDINANCE SHALL BE COMPILED WITHIN ALL RESPECTS.

SWORN TO BEFORE ME THIS _____
 _____ DAY OF _____ 20____

 NOTARY PUBLIC SIGNATURE