

**TOWN OF BEDFORD BUILDING DEPARTMENT - 425 CHERRY STREET
 BEDFORD HILLS, NY 10507
 (914) 666-8040/FAX (914) 666-2026**

APPLICATION FOR BLASTING PERMIT – PLEASE PRINT

For office use only:		Make checks payable to the Town of Bedford	
Permit #:	Date Issued:	Date Expired:	Fee: \$ 200

PERMIT TO: (Check appropriate box)				
	Possess, store or sell explosives or blasting agents			
	Transport explosives or blasting agents			
	Use explosives or blasting agents			
APPLICANT'S NAME				
Last:			First:	
OWNER'S NAME				
Last:			First:	
LOCATION OF BLASTING OPERATIONS/DELIVERY/PICKUP ADDRESS				
911#:	Street:	Section:	Block:	Lot:
FIRM				
Name:				
Mailing Address:				
Phone #:		Emergency 24 hr. phone #:		
Type and amounts of explosive materials to be used or delivered:				
Brief description of proposed operations:				
FOR STORAGE:				
Locations of Magazines				
Distances from: nearest building		Distances from: nearest highway		
Separation of Magazines		NYS Magazine Permit #'s:		
Copy of State Magazine Inspection Certification to be filed				
Amount of time permit needed: (Give dates)				
I am familiar with the articles of the Town of Bedford Code dealing with explosives and blasting agents and I will comply with all sections of this code. I will provide the dates of the blasting or will call the Building Department 24 hours prior to blasting.				
SIGNATURE OF:				
Applicant:			Date:	
Owner:			Date:	
Insurance Certificate – Amount \$			Copy of NYS License	
Copy of Magazine Certificate			Other	

Copies to: Town Engineer Highway Superintendent Fire Chief Building Inspector