

# TOWN OF UNION VALE

DIRECTOR OF CODE ENFORCEMENT  
GEORGE A. KOLB JR.



**BUILDING DEPARTMENT**  
249 DUNCAN ROAD  
LAGRANGEVILLE, NY 12540  
(845) 724-5953  
FAX: (845) 724-3757  
Building2@UnionValeNY.US

## BUILDING PERMIT APPLICATION

### **BLASTING/ EXPLOSIVES PERMIT**

**\*\*\* THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION \*\*\***

APPLIC FORM COMPLETED    INSURANCE SUBMITTED    INSURANCE ON FILE    CONSENT IF APPLIC

The undersigned hereby applies for a Blasting/ Explosives Permit pursuant to the Ordinance of the Town of Union Vale regulating the **use of explosives** and blasting in the Town of Union Vale.

**NOTE: THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION**

1. 2 copies of plans where explosives will be detonated showing all structures, roadways etc.
2. Insurance as outlined: Applicant furnishes evidence in the form of a Certificate of Insurance issued by an Insurance Company authorized to do business in the State of New York providing bodily coverage in limits of not less than \$1,000,000.00 for property damage and said Certificate or policy shall provide that the Town will be held harmless from any and all claims, actions and proceedings which may be brought against it by any person, firm or corporation for injuries to person or damage to property resulting from or occasioned by such blasting operations. Such policy shall contain a provision that it not be cancelled, terminated, modified or changed by the Insurance Company issuing it unless at least ten (10) days prior written notice of such cancellation, termination, modification or change is sent to the Town Clerk by registered mail.
3. Copy of valid license issued by the Department of Labor for Blasting or Pyrotechnic devices.
4. Two complete sets of site work plans outlining extent of blasting areas and and all adjacent properties within 500 feet of blasting zone or fireworks display area/ location of all structures.
5. Provide outline of anticipated times and dates corresponding to areas of Blasting or fireworks display to be submitted with your application.

# APPLICATION FOR BUILDING PERMIT

**\*\*PLEASE NOTE TO ALL APPLICANTS: ALL INFORMATION IS TO BE COMPLETED IN FULL. PLEASE TYPE OR PRINT LEGIBLY OR APPLICATION WILL BE RETURNED.\*\***

APPLICATION TYPE:  Residential     New Construction     Commercial     Renovation/Alteration

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL #: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

NAME OWNER OF BUILDING/LAND: \_\_\_\_\_

\*PROJECT SITE ADDRESS\*: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TEL #: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

BUILDING/CONTRACTOR/ ARCHITECT OR ENGINEER IF REQ.

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL #: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX #: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_ ESTIMATE COST OF PROJECT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

→ **Signature of Applicant/ Date**

<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p style="text-align: center;">APPROVALS: Zoning/ Fire/ Building</p> <p style="text-align: center;"><input type="radio"/> Approved    <input type="radio"/> Denied    DATE: _____</p> <hr/> <p style="text-align: center;"><b>Signature of Code Enforcement Officer</b></p> <p style="text-align: center;">FEE DUE: \$ _____ PAID ON: _____</p>
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## OWNER'S AUTHORIZATION & CONSENT FORM

This form is to be signed **and notarized when required** by the owner of record of the property in which the work outlined on the building permit application has been applied for. Signing of this document gives permission for work to be commenced by the contractor designated. All insurance requirements are to be submitted to the parcel owner and this office. In addition any and all Engineering/ Attorney's fees associated with review of this application are the sole responsibility for reimbursement to the Town of Union Vale by the owner of record as per Sect. 105-12 of the Town of Union Vale Code before any Certificate of Occupancy is issued.

Date: \_\_\_\_\_

Parcel Location: \_\_\_\_\_

Contractor: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Print: \_\_\_\_\_

### NOTARY STAMP:

**(Req. New Home and/or any application required to be reviewed by the Town of Union Vale P.E. and/ or Attorney)**

### NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued by the Building Inspector and the Zoning Administrator.

# APPLICATION FOR FIREWORKS DISPLAY PERMIT

Town of Union Vale, N.Y.

Ref: NY State Penal Law, Article 405.00

Application Date: \_\_\_\_\_

(A) **Sponsor of the show**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Display Company**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**NYS Dept. of Labor Explosives License#** \_\_\_\_\_ **Expires:** \_\_\_\_\_

**Operator – Name of the certified pyro-technician who will be in charge of the display.**

<b>Name</b>	<b>Certificate #</b>	<b>Expires</b>
_____	_____	_____

(B) Display Date/Time: \_\_\_\_\_ Expected Duration: \_\_\_\_\_

(C) Display Location: \_\_\_\_\_

(D) Display Content: \_\_\_\_\_

(E) For outdoor displays not before a proximate audience, attach a diagram of the area where the display will take place, showing location where the fireworks will be discharged from, the location of, and distance to all the buildings, highways, lines of communications, location of the audience, trees, overhead obstructions or other structures or devices that could be affected by the display or fallout from it.

(F) Proof of Insurance or Bond (MINIMUM ONE MILLION DOLLARS). Please attach a copy of the policy certificate or other proof of insurance or Bond.

(G) I attest that the information contained in this permit application is accurate, true and complete to the best of my knowledge, and I understand that false statement made in this permit application are subject to the applicable versions of the NYS Penal Law.

\_\_\_\_\_

## **BLASTING INSPECTION PROCEDURES**

- 1- A pre-blasting meeting relative to the method, manner and procedures of blasting operations shall be held at the site with the Engineer, the Contractor, Fire Inspector, and representatives of all interested agencies, prior to the commencement of drilling and blasting operations.
- 2- The Engineer to the Town of Union Vale/Fire Inspector/Code Official will dictate all on-site inspections required for any and all blasting detonations to the contractor during the pre-blasting meeting.
- 3- Blasting shall be done only at such time as the Engineer/Fire Inspector and those agencies shall approve and under such restrictions as they may impose as dictated in the required pre-blast meeting.
- 4- The Contractor shall be responsible for performing seismographic monitoring of all blasts and shall provide documentation of the results to the Engineer. The maximum particle velocity shall not exceed 2 in./sec.
- 5- Contractor shall provide the Fire Inspector and Engineer to the Town of Union Vale with copy of seismograph readings for every blast directly faxed and/or mailed within 24 hrs of each and every blast occurrence. Copy shall include the following minimum information: Date/ Event/ Client/Operation/ Location/ Distance to blast/ Operator/ Comments/ Trigger Levels/ Record Time/ Range/ Time/ Peak Particle Velocity/ Peak Air Pressure/ indicate Compliance or Non-Compliance of blast as per N.Y.S. regulation.
- 6- Contractor shall provide a pre-inventory blast of any and all properties adjacent to blasting zone by a competent professional familiar with the business of blasting and will be paid for by the applicant. The pre-blast inspector must record all property features which may, in the opinion of the contractor, be potentially impacted by blasting.
- 7- In blasting, all necessary precautions shall be taken to protect persons and property.
  - (a) No blasting shall be done within 50 feet of the pipe laid.
  - (b) All blasting shall be completely covered with approved mats.
  - (c) No power equipment except that to set mats shall be used within fifty feet of a loaded hole.
  - (d) Audible warning signal shall be given as described in Section 1926.909 of OSHA standard.
  - (e) Blasting Area signs to be installed within 100 ft. of any public road, right-of-way, or pathway which provide access to blasting area.
- 8- The Contractor shall employ only experienced supervisors and workmen for the handling, loading, and firing of the explosives. The blasting crew supervisor shall be licensed in the State of New York to utilize explosives in a blasting operation. The Contractor's attention is directed to the latest revision of the requirements of OSHA Standard, Code of Federal Regulations, Title 29.

**BLASTING/ EXPLOSIVES PERMIT HOLD HARMLESS STATEMENT**

APPLICANT: \_\_\_\_\_

Permit #: \_\_\_\_\_ Location: \_\_\_\_\_

I, \_\_\_\_\_ being the explosives contractor as stated above, agree to indemnify and hold the Town of Union Vale harmless from any and all claims, actions and proceedings brought by any person, firm or corporation for any injury to any person or property resulting, directly or indirectly, from the applicant using, storing, handling, transporting or manufacturing explosive materials or conducting blasting activity and moreover stating the applicant will defend and indemnify the Town of Union Vale against any legal action brought by any third parties as a result of operating under a Town of Union Vale permit issued under this chapter.

Detonation of  
explosives dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant (PRINT NAME)

\_\_\_\_\_  
Applicant (SIGNATURE)

STATE OF NEW YORK    }  
                                  }ss  
COUNTY OF DUTCHESS }

On this \_\_\_\_\_ day of \_\_\_\_\_

Before me personally came

\_\_\_\_\_  
to me personally known to be the person described in and who executed the foregoing document.

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

**EXPLOSIVE NOTIFICATION**  
**(OFFICE USE ONLY)**

This communication is to make notification that a Blasting/Explosives Permit has been issued by  
the Town of Union Vale.

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Issued to: \_\_\_\_\_

Explosive Dates: \_\_\_\_\_

Detonation Dates: \_\_\_\_\_

Town Clerk

Fire Department

Highway Superintendent

By:

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George A. Kolb Jr.  
C.E.O. Town of Union Vale