



Town of Monroe Blasting Permit Application

Date of Application: _____

Name of Applicant: _____

Address: _____

Phone#: _____

Email: _____

Property Owner, Address & S.B.L of Blasting Location

Owner's Name: _____

Address: _____

Property S.B.L.#: _____

Phone#: _____

Name of Individual and or Individuals doing Blasting if not Bi-Annual Permit include a copy of NY State Explosives License, Certificate of Liability Insurance, Policy #

Name: _____

NY State Explosives License#: _____

Certificate of Liability Insurance Attached: _____ Policy #: _____

Name of Individual and or Individuals doing Blasting if not Bi-Annual Permit include a copy of NY State Explosives License, Certificate of Liability Insurance, Policy #

Name: _____

NY State Explosives License#: _____

Certificate of Liability Insurance Attached: _____ Policy #: _____

Name of Individual and or Individuals doing Blasting if not Bi-Annual Permit include a copy of NY State Explosives License, Certificate of Liability Insurance, Policy #

Name: _____

NY State Explosives License#: _____

Certificate of Liability Insurance Attached: _____ Policy #: _____

Fee: \$300.00 Check# _____ Date Fee Paid: _____

Date Permit Issued _____ Issuer's Name: _____

Permit# _____

AFFIDAVIT OF SERVICE OF MAILING

STATE OF NEW YORK)

COUNTY OF _____) ss.:

_____, being duly sworn, deposes and says:

On the _____ day of _____, 20_____, I served a true copy of the annexed _____ by mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal service within the State of New York, addressed to the last known addressee(s) as indicated below:

(Insert here the names and address[es] of the person[s] to whom you are mailing the papers being filed with the Town of Monroe. If necessary, attach extra pages for additional names and addresses.

Name & Address	Name & Address

(Signature) _____

(Print Name) _____

Sworn to before me this _____

day of _____

Notary Public