



TOWN OF STILLWATER

ESTABLISHED 1788 - SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION

PO Box 700 ~ 881 Hudson Ave., Stillwater, NY 12170 ~ (518) 664-6148 ~ www.stillwaterny.org

APPLICATION FOR BLASTING PERMIT

APPLICATION MUST BE FILLED OUT COMPLETELY. Signatures of property owner, applicant (if different then owner) and contractor are required. **Check payable to: The Town of Stillwater.** Permit valid for 1 year from issuance.

FEE: RESIDENTIAL: \$300.00 COMMERCIAL: \$450.00

Location Information

JOB SITE ADDRESS _____ TAX MAP ID# _____

ZONING DISTRICT _____ REASON FOR BLASTING _____

CONSTRUCTION TYPE _____ USE OF BUILDING(S) _____

FIRST FLOOR OCCUPANCY _____ No. OF STORIES _____

ARCHITECTURAL REVIEW DISTRICT YES NO D.R.C. DECISION DATE _____
(PLEASE ATTACH COPY OF DECISION)

HISTORIC REVIEW DISTRICT YES NO

IS JOB SITE IN A FLOOD PLAIN? YES NO H.O.A. APPROVAL DATE (IF ANY) _____
(PLEASE ATTACH COPY OF APPROVAL)

IS PLANNING BOARD APPROVAL REQUIRED? YES NO P.B. DECISION DATE _____
(PLEASE ATTACH COPY OF APPROVAL)

PROPERTY OWNER INFORMATION

OWNER'S NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

OWNER'S SIGNATURE _____ DATE _____

APPLICANT INFORMATION (IF APPLICABLE)

APPLICANT _____ PHONE _____

ADDRESS _____ EMAIL _____

APPLICANT'S SIGNATURE _____ DATE _____

CONTRACTOR INFORMATION

CID# _____

COMPANY NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

CONTRACTOR'S SIGNATURE _____ DATE _____

FOR STAFF USE ONLY:

FILE # _____ DATE/TIME APPLIED _____ RECEIVED BY _____

APPLICATION # _____ PERMIT # _____ DATE ISSUED _____

PAID \$ _____ INSURANCE _____