SOMERS BUREAU OF FIRE PREVENTION
337 Route 202, Somers, NY 10589
914-277-3539 or 8228 FAX: 914-277-3790

APPLICATION FOR A BLASTING/FIREWORKS PERMIT

For Office Use Only: Permit #_____ Date Issued_____ Fee: **$150.00**
(Make checks payable to: Town of Somers)

PERMIT TO: Possess, store or sell explosives or blasting agents _____
Transport explosives or blasting agents _____ Use explosives or blasting agents _____

PLEASE PRINT:
Applicant's Name: Last _____ First _____
Owner's Name: Last _____ First _____

Location of Blasting Operations or Delivery or Pickup Address:
911# _____ Street _____
Section _____ Block _____ Lot _____

Firm:
Name: _____

Mailing Address: _____

Phone #: _____ 24 Hour Emergency Phone #: _____

Types and amounts of explosive materials to be used or delivered:
_____

Brief description of proposed operations: _____

For Storage:
Location of magazines:
Distances From: Nearest building _____ Nearest roadway _____
Separation of magazines:
Amount of time permit is needed for (dates): _____

I am familiar with the articles of the Somers Fire 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 Bureau of Fire Prevention 24 hours prior to blasting.

Signature of: Applicant: _____ Date: _____
Owner: _____ Date _____

Insurance Certificate Amount $ _____ Copy of NYS License _____
Copy of Magazine Certificate _____ Other _____