



City of Saratoga Springs

BUILDING DEPARTMENT

CITY HALL - 474 BROADWAY - SARATOGA SPRINGS, NY 12866

PHONE 518-587-3550 EXT. 2511

building.office@saratoga-springs.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: Commissioner of Finance. 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 _____

HISTORIC REVIEW DISTRICT YES NO

(PLEASE ATTACH COPY OF DECISION)

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

CID# _____

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 _____

Your application for a blasting permit **must** contain the following attachments including this original and four (4) copies:

(Attached?)

- YES NO** Evidence your firm is duly licensed pursuant to Section 458 of the Labor Law in the State of New York and the United States Bureau of Alcohol, Tobacco and Firearms.
- YES NO** Precise location of the intended detonation of explosives, as well as the size charges intended to be detonated and the proposed schedule for detonation of explosives.
- YES NO** Naming the City as an **Additional Insured** on Commercial General Liability including completed products and operations and personal injury liability insurance in the amount of One Million Dollars (\$1,000,000) per occurrence and Two Million Dollars Aggregate (\$2,000,000) **AND** Excess Liability Insurance in the amount of Four Million Dollars (\$4,000,000) per occurrence aggregate. All applicants must provide proof of NYS Statutory Workers Compensation, Employers Liability and Disability Insurance.
- YES NO** Written evidence that the person intending to detonate has obtained permission to do so from all utilities within the blasting area including gas, electric, communications, cable and water and sewer.
- YES NO** Description of all structures, including residential dwellings, located within 250 feet of the blast site and a list of the names and the addresses of the owner or owners of any parcel of property immediately adjoining or abutting the parcel of property from which the blasting is to take place, as shown on the most recent tax rolls of the City of Saratoga Springs.

HOLD HARMLESS:

The Individual filing this application, to the fullest extent provided by law, shall indemnify and save harmless the City of Saratoga Springs, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of or resulting from the performance of the work covered by this building permit application, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of Applicant, its contractor or its employees or anyone for whom the Contractor is legally liable or Subcontractors. _____ **INITIAL**

Required Approvals / Dates:

City Engineer/Date: Approval / Reject _____

Dept of Public Safety/Date: Approval / Reject _____

Dept of Public Works/Date: Approval / Reject _____

Risk & Safety Mgmt/Date: Approval / Reject _____

<p>Permit Issued/Date: _____</p> <p>Rejected/Date: _____</p> <p>Rejecting Dept: _____</p> <p>Reasons for Rejection:</p> <p>_____</p> <p>_____</p> <p>Notification to Applicant Date: _____</p>
