

Code Enforcement Office
Town of Patterson
1142 Route 311 | P.O. Box 470 | Patterson, NY 12563
845.878.6319 | buildingdepartment@pattersonny.org



Office Use Only

Permit #: _____
Date Received: _____
Fee Due: **\$275.00**
Receipt #: _____

Blasting Permit Application

IMPORTANT: Neighbors and Police Department must be notified 24-hours prior to the start of blasting.

Property Information

Residential Commercial Industrial Other: _____
Property Tax Map #: _____ Zoning District: _____ Lot Area: _____
Property Address: _____ City: _____ State: _____ Zip: _____

Property Owner Information

Last Name: _____ First Name: _____
Corporation/Partnership/Other: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Contractor Information

Business Name: _____
Mailing Street Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Project Details

Site Work Demolition

Explosives to be Stored on Site? No Yes; where: _____
Insurance Company Name and Address: _____
(attach a copy of your liability certificate) _____
