

TOWN OF HURLEY

P.O. Box 569
10 Wamsley Place
Hurley, NY 12443
845-331-7474

APPLICATION FOR BLASTING PERMIT

Date: _____ **SBL #:** _____

Property owner's name & address: _____

Phone: _____ **Alternate phone #:** _____

Contractor's name & address: _____

Contractor's phone: _____

Description and physical address of blast:

Date of blast: _____ **Total cost of blasting: \$** _____

**Contractor MUST be insured, & follow Town of Hurley blasting regulations.
Make check payable to: Town of Hurley**

Property owner's signature: _____