Mechanical Rock Removal Application
City of Rye, New York Building Department
1051 Boston Post Road, Rye, New York 10580
Phone: (914) 967-7372    Fax (914) 967-7185
www.ryeny.gov

Permit Type (Check All that Apply):
☐ Chipping
☐ Blasting (see Chapter 98)

Please consult Sections 133-8, 133-9 and 133-10 of the Rye City Code available online at www.ryeny.gov for all permitting, notice and submission requirements to engage in mechanical rock removal. For blasting activities you must also comply with the permitting, notice and submission requirements of Chapter 98, Article VII of the Rye City Code.

A. Project Information:

Street Address: ________________________________
City: __________________ State: NY  Zip: 10580

Property Area (Acres): __________________________
Tax Map Designation: ____________________________
Zoning District: ________________________________
Flood Insurance Zone: __________________________
Elevation: _____________________________

B. Applicant: (If Applicant is not owner, property owner signature is required).

Name: ________________________________
Address: _______________________________
City: __________________ State: __________ Zip: __________________
Phone: ______________________________
Email: ________________________________

C. Property Owner:

Name: ________________________________
Address: _______________________________
City: __________________ State: __________ Zip: __________________
Phone: ______________________________

D. Checklist.

☐ Completed Application Form, signed and notarized.

☐ Dust Mitigation Plan.

☐ Certificate of Mailing of Mechanical Rock Removal Notice (attached hereto).

☐ Digital Submission. A complete digital version of the each of the above (.pdf format) shall be emailed to building@ryeny.gov.

☐ Fee. $250
E. Signatures

By signing this application the applicant attests that to the best of his or her knowledge all information provided herein is accurate and truthful. The signature of the applicant and owner also grants consent to having any City Staff or City Board or Commission members responsible for the review or approval of this application(s) to enter the property of the subject application.

Applicant Signature ___________________________  Date ____________

Property Owner Signature ________________________  Date __________

Notary Public ___________________________  Date __________
An application is being made to the City of Rye Building Department for a mechanical rock removal permit for the following activities:

(Check all that apply):

_____ Chipping

_____ Blasting

For a property located at: _____________________________, Rye, New York.

A permit will be issued for this property by the City Building Department after the application is deemed complete and upon being advised by the applicant of the anticipated commencement date for the 38-day rock removal period. Please visit the City’s website www.ryeny.gov for the anticipated commencement and ending date for all approved mechanical rock removal permits.

This notice is being submitted to you by _____________________________

(please print)

______________________________

Date