

Application for Use of Explosives / Blasting Permit

OFFICE USE ONLY	DATE ISSUED:	EXPIRATION DATE:	PERMIT:
APPLICANT'S NAME:		Phone:	
Mailing Address:			
Email Address:			
PROPERTY OWNER'S NAME:		Phone:	
Mailing Address:			
BLASTING CONTRACTOR:		Phone:	
Mailing Address:			
24-HOUR EMERGENCY CONTACT NUMBER(S):			
Name:	Phone:		
Name:	Phone:		
Name:	Phone:		
LOCATION OF BLASTING OPERATIONS:			
ON-SITE STORAGE OF EXPLOSIVES? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES describe location of storage:			
Maximum quantity (in pounds) of Explosives stored on site =			
Maximum quantity (in pounds) of Blasting Agents stored on site =			
INITIATING DEVICE(S): Electric Caps <input type="checkbox"/> Non-Electric Caps <input type="checkbox"/> Other <input type="checkbox"/> Max Pounds:			

ADDITIONAL SITE RESTRICTIONS:

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY		
Site Inspection Completed By:	Title:	Date:
Blasting Permit Issued By:	Title:	Date:
Emergency Services Notified? Yes <input type="checkbox"/>		