

TOWN OF WAXHAW

OFFICE OF THE FIRE MARSHAL

BLASTING PERMIT



. Applicant (Person or Firm Responsible for B	lasting Operations)	
Name:	Title:	
Blaster's Name:		
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		
Property Owner		
Property Owner:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		
Blast Site		
Location / Name:	Blast Date:	
GPS Coordinates:	Start Time:	End Time:
Blast Description:		

4. Submission Requirements

This application shall be accompanied by the following information;

- A corporate surety bond in the principal sum of \$1,000, 000.00 minimum or proof of liability insurance in the same amount. The bond or policy shall be in force for the duration of the blasting operations.
- □ Include the name, age experience, business address and phone number.
- □ A copy of the site plan, minimum 8 ½" X 11", drawn to scale indicating:
 - Blasting area(s)
 - Any structures and their distance to the blasting site
 - Nearby railways or roads
 - Any barricades, whether manmade or natural
 - Waterways/bodies of water and their distance to the blasting site
 - Location and distance from any utilities
 - Proposed placement locations of seismographs
- **G** Storage arrangements of explosives, amount of storage and method of detonation.
- A safety plan to include traffic control, barricading, signage plan, and adverse weather operation plan as needed.

5. <u>Certification and Signature</u>

I hereby certify that I have read the blasting procedures and have provided the correct information to the best of my knowledge. Furthermore, I certify that the proposed blasting operations will fully comply with the requirements contained in the NC Fire Prevention Code and NFPA 495. I agree to indemnify, save harmless, and defend the Town of Waxhaw, its agents and employees, from all claims, damages, costs, expenses, and charges, including attorney's fees, which arise out of or by reason of the blasting operations.

Applicant Name:	Date:	
Applicant Signature:	Time:	

Date Reviewed: