

APPLICANT MUST CHECK WITH THE FIRE DEPARTMENT FOR ANY REQUIRED PERMITS



BLASTING PERMIT APPLICATION

5490 Fifth Street
Cottleville, Missouri 63304

Ph: 636-498-6565
Fx: 636-498-6575

Date: _____ Applicant's Name: _____

Blaster's Name & License Number: _____

Business Address: _____

Business Phone: _____ Fax: _____ Email: _____

Location of Blasting Operation (include map): _____

Purpose of Blasting: _____

Maximum Explosive per Delay: _____ lbs.

Type(s) of Explosive Used: _____

Scaled Distance Used: _____

Distance to Nearest Uncontrolled Structure: _____ ft.

Proposed Peak Velocity: _____ in/sec

Type of initiation System: _____

Magazine(s) Used at Site (type & number): _____

**** This office must be notified 24 hours in advance as to the date and time of each shot****

****Any deviations from this permit application will be in violation****

I certify that the use of explosives is authorized by the owner of record and that I have been authorized by the owner as his agent, and we agree to conform to all applicable state and local codes.

Applicant's Signature

Print Name

Date

City Administrator Signature

Date

APPROVED

NOT APPROVED