

Chesterfield Fire and EMS

Fire and Life Safety Division - Fire Marshal's Office

P.O. Box 40 Chesterfield, VA 23832 Phone (804) 748-1426 Fax (804) 768-8766



APPLICATION TO STORE AND/OR SELL EXPLOSIVES

New Application Renewal (include current Permit # _____)

Application must be printed or typed - Incomplete forms will NOT be processed

Applicant Name: _____ Date: _____

Business Name: _____

Complete - Mailing address _____

Email Address _____

Owner Name: _____

Home _____ Work: _____ Pager: _____ Cell: _____ Fax: _____

Manager Name: _____

Home _____ Work: _____ Pager: _____ Cell: _____ Fax: _____

Other 24 hour contact: _____

Home _____ Work: _____ Pager: _____ Cell: _____ Fax: _____

Kind(s) of explosives intended to be stored and/or sold: _____

Type of magazine used for storage: _____

Location of magazine: _____

Attach with this application:

MSDS for each type of explosive. Annual fee of \$65, by check only, payable to Chesterfield Fire & EMS.

I have read and agree to the storing and resale of explosives in accordance with the regulations described on the attached page and the Statewide Fire Prevention Code. Further, I understand that failure to follow the regulations will result in the suspension of the permit, issuance of a summons or both.

Signature of Responsible Party _____

Print Name _____ Date _____

Name of person completing form _____ Position _____

NOTE: The expiration date of the permit is based on the date of issue NOT the date you receive the permit.

Select how you would like to receive your permit accordingly.

How would you like to receive your permit? Mail Fax Will pickup Email

do not write below this line

Date Received _____ Received by _____ Date Permit sent _____ Reviewed by _____
Permit Fee Paid Site Visit yes no Approved Denied