

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 FOR BLASTING PERMIT

New Application Renewal (include current Permit # _____)

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

Applicant / Contractor Name: _____ Date: _____

Complete - Mailing address _____

Email Address _____

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

Name of person or persons conducting blast and their certification # _____

Phone #1: Home: _____ Work: _____ Pager: _____ Cell: _____

Phone #2: Home: _____ Work: _____ Pager: _____ Cell: _____

Phone #3: Home: _____ Work: _____ Pager: _____ Cell: _____

Full street address or location of blast site: _____

WAS THE SITE EVER A LANDFILL, DUMP OR COALMINE SITE? YES NO

Purpose of Blast: _____

Description of surrounding area: _____

Specify type of blasting: _____

Location of magazine: _____

Attach with this application:

Certificate of insurance as described in regulation, MSDS of substances to be used on site, \$65 fee for new application or \$35 for a renewal of an expiring permit.

I have read and agree to conduct the blasting 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