



BLASTING PERMIT APPLICATION
Jefferson County Code Enforcement
P. O. Box 100 / 725 Maple Street
Hillsboro MO 63050
Phone (636)-797-5310 Fax (636)-797-5077

Permit # _____

Clerk Int. _____

_____		_____	
Name of applicant (Print or Type)		Date	
_____		_____	
Business Name (Print or Type)		Business Mailing Address	
_____-_____-_____	_____-_____-_____	_____-_____-_____	_____-_____-_____
Business phone	Emergency #, Day	Emergency #, Night	
_____		_____	
Name of Insurance Company		Policy Number	
_____		_____-_____-_____	
Address of Insurance Company		Telephone Number	

Name of On Site Blasters	Certification /License Number
_____	_____
_____	_____
_____	_____
_____	_____

FOR EACH BLASTER, ATTACH A CURRENT COPY OF LICENSE TO THIS FORM

BLASTING SITE INFORMATION	

(Location/Address of Blasting Site)	

(Directions to site)	

_____	_____
Property Owner	Owner's Mailing address

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STORAGE INFORMATION

Do you intend to stock or store any explosives on location? Yes () No ()

If yes, please provide the amount and kind of explosives, blasting agents or blasting caps:

Magazine Type and Construction: _____

Location: _____

COPIES THAT NEED TO BE RETURNED WITH APPLICATION

- F-3301.2.4 Proof of Financial Responsibility
- Pre-Blast survey with a list of structures surveyed
- A detailed blast-site drawing with utilities and structures shown
- Blasting schedule with dates and times of blasting up to thirty days

THIS APPLICATION IS NOT A PERMIT. IT IS AGREED UPON BY APPLICANT THAT A PERMIT SHALL ONLY BE GRANTED AFTER THE OFFICE OF THE JEFFERSON COUNTY CODE ENFORCEMENT HAS RECEIVED ALL INFORMATION ON THIS APPLICATION. BLASTING MAY NOT BEGIN WITHOUT THE WRITTEN APPROVAL OF THE BUILDING OFFICIAL.

Applicant's Signature

Date

OFFICE USE ONLY

Reviewed by: _____

PERMIT FEE \$ _____

Special notes/comments:

Fire District Emergency # _____