



FIRE RESCUE

ALBEMARLE COUNTY



460 Stagecoach Road, Suite F Charlottesville, VA 22902-6489
Voice: 434-296-5833 FAX: 434-972-4123

www.ACFireRescue.org

FIRE PREVENTION PERMIT APPLICATION - BLASTING

APPLICATION DATE: _____ DATE OF ISSUE: _____ EXPIRATION DATE: _____

BUSINESS NAME: _____ F.I.N.: _____

CONTACT NAME: _____ EMAIL: _____

DAYTIME TELE #: _____ AFTER HOURS TELE #: _____ MOBILE TELE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

CERTIFICATE OF INSURANCE: _____ EXPIRATION DATE: _____

LIST ALL CERTIFIED BLASTERS WHO WILL BE OPERATING AT THE SITE

Name	Certification Number	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____

TYPE OF OPERATION APPLYING FOR: Use of Explosives Storage of Explosives

PHYSICAL ADDRESS OF JOBSITE: _____

TAXMAP NUMBER: _____

PROPERTY OWNER NAME: _____ TELEPHONE: _____

ADDRESS (IF DIFFERENT): _____

TYPE OF CAPS/DETONATORS: Electrically-Operated Other: _____

If using caps other than electric, indicate milli-second delay(s): _____ TOTAL AMOUNT ON-HAND: _____ Caps Cases

TYPE OF EXPLOSIVE: _____ TOTAL AMOUNT ON-HAND: _____ Pounds Cases

TYPE OF BLASTING OPERATION (construction, excavation, etc.): _____

PROJECTED START DATE: _____ PROJECTED COMPLETION DATE: _____

DISTANCE BTWN BLAST SITE & NEAREST: MAGAZINE _____ Ft BUILDING/STRUCTURE: _____ Ft TYPE OF STRUCTURE: _____

AIR BLAST/GROUND VIBRATION RECORDED BY: Charge Weight/Delay, by Distance Peak Particle Velocity, by Distance Particle Velocity, dependent on Frequency Content

If using a seismograph, does it conform to those requirements of Albemarle County Code entitled instrumentation? Yes No

MAGAZINES: Number: _____ Capacity: _____ LBS. Serial Number: _____ BARRICADED? Yes No

Placard System Used: DOT NFPA 701 Military

STATEMENT OF RESPONSIBILITY

I hereby acknowledge that the information contained herein, and declare that it be true and correct, to the best of my knowledge and belief. Further, I am the owner/operator, or a duly authorized agent, acting on behalf of the owner, for all activities at the above referenced property or location. As such, I hereby agree to comply fully with all requirements in the *Albemarle County Fire Prevention Code* governing the operation I wish to conduct. If there has been any false statement or misrepresentation as to the material fact in the application, data, or plans on which the permit or approval was based, the Fire Official may revoke this permit.

OWNER/AGENT SIGNATURE _____

DATE _____

OFFICE USE: Fee: _____ Check: _____ Credit Card: _____ Cash: _____ Receipt: _____

" We will provide the highest quality services to protect and preserve the lives, property, and environment of our community."