

CITY OF FRANKFORT FIRE DEPARTMENT

BLASTING PERMIT APPLICATION

Permit Number

Date

Name of Firm _____

Address _____

Name of Applicant _____

Address _____

Insurance Company _____

Blasting Insurance

Address _____

Name of Persons Handling Explosive Responsible to Applicant _____

Type of Explosives to be used _____

Location Where Blasting is to Occur _____

Dates _____

Start

Completion

Purpose of Blasting _____

THE UNDERSIGNED CERTIFIES THAT HE IS FAMILIAR WITH ALL CITY ORDINANCES, THE "STANDARDS OF SAFETY", AND SPECIAL INSTRUCTION APPLICABLE TO EACH TYPE OF EXPLOSIVE TO BE USED.

Applicant's Signature

Date

PERMIT FEE: \$200.00 made payable to CITY OF FRANKFORT (A copy of Kentucky Blasters License must be attached).

Permit Issued By: _____ Date: _____

Notes/Comments/Special Requirements: _____