



WINCHESTER FIRE & RESCUE DEPARTMENT
OFFICE OF THE FIRE MARSHAL
 231 E. Piccadilly St., Suite 330
 Winchester, VA 22601
 (540) 662-2298



Blasting / Explosive Permit Application
 (Must Be Submitted 48 hours prior)

Note: All Information Must Be Completed

<p>Check One: <input type="checkbox"/> Transportation <input type="checkbox"/> Storage <input type="checkbox"/> Use</p>	<p><i>For Office Use Only</i></p> <p>Permit Number: _____ Permit Number: _____ Permit Number: _____</p>
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Company Information

Company Name: _____

Company Address: _____

Office Telephone: _____ Emergency: _____

Insurance Company: _____

Policy Number: _____

Effective Period: From: _____ To: _____

Vehicle Information

Make: _____ Model: _____ Year: _____

License Number: _____ State: _____ Color: _____

Vehicle Identification Number: _____ HU Number: _____

Registered Owner: _____

Address: _____

Phone Number: _____ Emergency: _____

Site Information

Purpose For Permit: (i.e. footers, excavation) _____

Job Location: _____

Certified Blaster In Charge: _____

State Certificate Number: _____

Approximate Length of Job (*Dates*): From: _____ To: _____

Type of Day Storage / Magazine: _____

Company Supplying Explosives (*If Different Than Storage*): _____

Address of Company Supplying Explosives: _____

Storage Only

Magazine Location: _____

Magazine on Property Owned By: _____

Certified Blaster In Charge of Magazine: _____

State Storage Permit Number: _____

(Needed Only if Winchester did not Issue Permit)

Maximum Amount of Storage: Explosives: _____ Caps: _____

Company Supplying Explosives: _____

Address: _____

Telephone Number: _____

Type of Explosives (size): _____

I, _____, hereby accept full responsibility for the adherence of all
Print Name
requirements of the City Fire Prevention Code pertaining to the above application.

It is acknowledged and agreed that a condition of this permit, is the use of explosives in accordance with Article 30 of the Virginia Fire Prevention Code, Current Edition. Complete plans and construction details must be submitted on all major projects and when requested by the City Fire Chief. The City of Winchester, assumes no responsibility, either written or implied, for accidents that could occur as a result of permitted explosives use.

Signature

Date

For Inspector Use Only

<u>Vehicle Inspection</u>		<u>Site Inspection</u>	
Appropriate Company Name	<input type="checkbox"/>	Mats	<input type="checkbox"/>
Make and Model	<input type="checkbox"/>	Signs	<input type="checkbox"/>
Vehicle Identification Number	<input type="checkbox"/>	Blaster(s)	<input type="checkbox"/>
License Plate Number	<input type="checkbox"/>	Vehicle	<input type="checkbox"/>
License Plate Expiration	<input type="checkbox"/>	Exposure Properties	<input type="checkbox"/>
Vehicle Registration	<input type="checkbox"/>	Seismograph	<input type="checkbox"/>
Engine Compartment	<input type="checkbox"/>	Overall Site Safety	<input type="checkbox"/>
Lights, Horn, etc.	<input type="checkbox"/>		
Fire Extinguisher	<input type="checkbox"/>		
Placards	<input type="checkbox"/>		

Remarks: _____

Inspector

Date

Site Plan

- Provide a legible sketch of the blast site showing measured distances to adjacent buildings, streets, utilities, wells, and other facilities.

