



**WINCHESTER FIRE & RESCUE DEPARTMENT**  
**OFFICE OF THE FIRE MARSHAL**  
 21 S Kent Street, Suite 301  
 Winchester, VA 22601  
 (540) 662-2298



**Permit Application – Explosives Transportation**

|                        |                                 |                         |  |
|------------------------|---------------------------------|-------------------------|--|
| <b>Business Name</b>   |                                 | <b>Application Date</b> |  |
| <b>Applicant</b>       |                                 |                         |  |
| <b>Billing Address</b> |                                 |                         |  |
| <b>Phone #</b>         | <b>Mobile/Emergency Phone #</b> | <b>Email Address</b>    |  |
|                        |                                 |                         |  |

|                        |  |              |  |
|------------------------|--|--------------|--|
| <b>Vehicle Make</b>    |  | <b>Model</b> |  |
| <b>Year</b>            |  | <b>Tag #</b> |  |
| <b>VIN</b>             |  |              |  |
| <b>GVWR</b>            |  | <b>Phone</b> |  |
| <b>Company Truck #</b> |  |              |  |
| <b>USDOT #</b>         |  |              |  |

The applicant hereby accepts full responsibility for the adherence to all requirements of the Virginia Statewide Fire Prevention Code and the City of Winchester Code pertaining to this application.

| Permit   | Description  |
|--|--|
| <input type="checkbox"/> Explosives Transportation | Vehicles utilized for the transportation of explosives with in the city shall have a permit / 6 month renewal. |

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I have received and read the permit guidelines.   |
| <input type="checkbox"/> | I understand that this permit must remain in a conspicuous location on the premises and is not transferable.            |
| <input type="checkbox"/> | I understand a vehicle inspection must be conducted by the Fire Marshal's Office prior to the validation of the permit. |
| <input type="checkbox"/> | Permit Fee: \$100.00                      Type of payment:                      Check Number:                           |

|                  |  |             |  |
|------------------|--|-------------|--|
| <b>Signature</b> |  | <b>Date</b> |  |
|------------------|--|-------------|--|

**Mail Completed Application and Payment To:**  
 Winchester Fire and Rescue Department • Fire Marshal's Office • 21 S Kent Street, Suite 301 • Winchester, VA 22601

| For Fire Department Use Only |  |                  |  |
|------------------------------|--|------------------|--|
| <b>Application Received</b>  |  |                  |  |
| <b>Application Reviewed</b>  |  |                  |  |
| <b>Payment Received</b>      |  |                  |  |
| <b>Inspection Completed</b>  |  |                  |  |
| <b>Permit #</b>              |  | <b>Approval:</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> Conditionally approved <input type="checkbox"/> |



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**Permit Application – Explosives Use or Storage**

|   |  |  |  |
|---|--|--|--|
| <b>Applicant</b>  |  | <b>Application Date</b>                                    |  |
| <b>Billing Address</b>  |  |  |  |
| <b>Business Name</b>  |  |  |  |
| <b>Phone</b>  | <b>Mobile Phone</b>  | <b>Email Address</b>                                       |  |
|   |  |  |  |
| <b>Site Location</b>  |  |  |  |
| <b>Explosives transportation Company</b>  |  |  |  |
| <b>Magazine Vehicle ID</b>  |  |  |  |
| <b>Blaster Name</b>   |  |  |  |
| <b>City Blaster License #</b>   |  | <b>Phone</b>   |  |
| <b>Event Description</b>  |  |  |  |
|   |  |  |  |
| <p align="center">The applicant hereby accepts full responsibility for the adherence to all requirements of the Virginia Statewide Fire Prevention Code and the City of Winchester Code pertaining to this application.</p> |  |  |  |
| <b>Permit</b>   |  | <b>Description</b>   |  |
| <input type="checkbox"/> Explosives Use or Storage  |  | Blasting operation for construction site / 6 month renewal |  |
| <input type="checkbox"/>  | I have received and read the permit guidelines.  |  |  |
| <input type="checkbox"/>  | I have attached the required site plan, certificate of liability insurance, and property owner permission letter.    |  |  |
| <input type="checkbox"/>  | I understand that this permit must remain in a conspicuous location on the premises and is not transferable.         |  |  |
| <input type="checkbox"/>  | I understand a site inspection must be conducted by the Fire Marshal's Office prior to the validation of the permit. |  |  |
| <input type="checkbox"/>  | Permit Fee: \$100.00   | Type of payment:   | Check Number:  |
| <b>Signature</b>  |  | <b>Date</b>  |  |
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| <b>For Fire Department Use Only</b>   |  |  |  |
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| <b>Application Reviewed</b>   |  |  |  |
| <b>Payment Received</b>   |  |  |  |
| <b>Inspection Completed</b>   |  |  |  |
| <b>Permit #</b>   |  | <b>Approval:</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> Conditionally approved <input type="checkbox"/> |