



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 align="center"><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 (<i>Dates</i>): From: _____ To: _____
Type of Day Storage / Magazine: _____
Company Supplying Explosives (<i>If Different Than Storage</i>): _____
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 requirements of the City Fire Prevention Code pertaining to the above application.

Print Name

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

Vehicle Inspection

Appropriate Company Name	<input type="checkbox"/>
Make and Model	<input type="checkbox"/>
Vehicle Identification Number	<input type="checkbox"/>
License Plate Number	<input type="checkbox"/>
License Plate Expiration	<input type="checkbox"/>
Vehicle Registration	<input type="checkbox"/>
Engine Compartment	<input type="checkbox"/>
Lights, Horn, etc.	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>
Placards	<input type="checkbox"/>

Site Inspection

Mats	<input type="checkbox"/>
Signs	<input type="checkbox"/>
Blaster(s)	<input type="checkbox"/>
Vehicle	<input type="checkbox"/>
Exposure Properties	<input type="checkbox"/>
Seismograph	<input type="checkbox"/>
Overall Site Safety	<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.

