

Fire Prevention Bureau

Blasting Permit Application

Submit this application along with supporting documentation and permit fee of \$300.00 to the Fire Prevention Bureau at least 10 days before blasting operation are to commence.

Blaster Information			
Name of person using explosives:			Primary phone:
Address:			Cell/pager/alternate phone:
Name of person supervising blasting;			Phone number:
Project Information			
Project or Location where blasting will take place:			
Nature/reason for blasting:			
Type of explosives to be used:			
Date or time period of blasting operations:			
On-site storage? (Check One)	YES	NO	If "YES" provide site plan showing location & details of magazine(s).
Additional Information required	1.		

Copy of MO Division of Fire Safety Blasters Certification.

- Proof of general commercial liability insurance in accordance with State of MO regulations.
- Scaled site plan showing blasting location, structures, roadways, utilities, etc.
- Signage plan.

PPLICANT CERTIFICATION	
The information contained in this application is tr I understand that all applicable codes apply and a	all operations are subject to the requirements of the 2012
International Fire Code, State of MO and City of B	
pplicant Signature:	Date:

office Use Only		Date rec'd:		
eviewed by:				
BLASTING PERMIT IS	APPROVED	DISAPPROVED		
eason for disapproval:				