

Building Commission
City of Hillsboro
P.O. Box 19
Hillsboro, MO 63050
(636) 797-3334 Fax (636) 789-2112

Blasting Permit Application
(Type or Print all Information)

Permit Number: _____

Name of Applicant

Date

Business Name

Business Phone

Business Mailing Address

Day Time Emergency Phone

Night Time Emergency Phone

Name and Address of Insurance Company

Insurance Policy Number

Insurance Company Phone

On Site Blasters

Attach a current copy of each on site blaster's license to this application.

Name

Certification/License Number

Name

Certification/License Number

Name

Certification/License Number

Name

Certification/License Number

Blasting Site Information

Location/Address of Blasting Site

Property Owner Name and Mailing Address

Storage Information

Do you expect to stock or store any explosives on location? Yes _____ No _____
If yes, provide the amount and kind of explosives, blasting agents or blasting caps:

Magazine Type and Construction

Location of Magazine

Documents To Be Attached To Application

- Proof of Financial Responsibility (see IFC 2009; 3301.2.4 and 3301.2.4.1)
- Pre-Blast survey with a list of structures surveyed
- A detailed blast-site drawing with utilities and structures shown
- Blasting schedule with dates and times of blasting up to thirty days
- Copies of pre-blast photographs/video of interior and exterior of all structures

This application is not a permit. It is agreed upon by applicant that a permit shall only be granted after the Building Official has received all information required by this application. Blasting may not begin without the written approval of the Building Official.

Applicant's Signature

Date

Office Use Only

Reviewed by: _____

Permit Fee: _____

Notes: _____
