



WILMINGTON FIRE DEPARTMENT
FIRE PREVENTION DIVISION



BLASTING PERMIT

Permit Fee: \$10.00 (made payable to City of Wilmington)

DATE

APPLICATION IS HEREBY MADE FOR A CERTIFICATE OF FITNESS TO TRANSPORT EXPLOSIVES ACCORDING TO THE FOLLOWING DETAILED STATEMENTS HERewith SUBMITTED. ALL PROVISIONS OF THE DELAWARE STATE FIRE PREVENTION REGULATIONS SHALL BE COMPLIED WITH IN THE TRANSPORTING OF EXPLOSIVES SPECIFIED HEREIN OR NOT.

WORK PHONE NUMBER

SIGNED: _____
APPLICANT

CELL PHONE NUMBER

ADDRESS

1. Name of Contractor or responsible person in case of damage _____.
2. Name of Property owner upon which blasting is to be done _____.
3. Location where blasting is to be done _____.
4. Do you have liability insurance in case of damage caused by blasting _____?
- 4a. Insurance company's Policy Number _____.
5. Are there any weak structures in the vicinity _____?
6. Is it understood that blasting charges must be tamped only by means of wooden tampers by direct pressure _____?
7. Do you have the property protection such as covers or matting to prevent debris from flying _____?
8. Is it understood that three (3) minutes before firing a blast, the blaster or some competent person must give warning, carrying a red flag, waving same as a reasonable distance from the blast to insure safety to the public _____?
9. Is it understood that the blasting charge shall be so limited that no injury to person or property will result there from _____?
10. Has the blaster a Certificate of Fitness _____?

SEND COMPLETED APPLICATION AND FEE TO:

FIRE MARSHAL'S OFFICE
800 FRENCH STREET, 3RD FLOOR
WILMINGTON, DE 19801
(302) 576-3120

(ABOVE QUESTIONS MUST BE ANSWERED FULLY AND ACCURATELY)

FOR OFFICIAL USE ONLY

PERMIT NO. _____

FEE PAID _____

APPLICANT

ADDRESS

DATED: _____

WILMINGTON, DE _____

THIS IS TO CERTIFY THAT I HAVE RECEIVED AND EXAMINED THIS APPLICATION AND THAT IT IS IN ACCORDANCE WITH THE PROVISIONS OF THE DELAWARE STATE FIRE PREVENTION REGULATIONS OF THE CITY OF WILMINGTON.

FIRE MARSHAL

DATE