



PRE-BLASTING APPLICATION

LOCATION OF BLASTING SITE: _____

PROPOSED BLASTING DATE AND TIME: _____

ESTIMATED NUMBER OF DETONATIONS: _____

APPLICANT INFORMATION

Applicant Name: _____

Applicant Phone: _____ Applicant Email: _____

Applicant Mailing Address: _____

Land Owner Name: _____

Land Owner Mailing Address: _____

Owner Phone: _____ Owner Email: _____

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION. INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED.

- () Copy of Site plan
- () Applicant demonstration of alternate method

STAFF DETERMINATIONS

(15-2(f)) Applicant to demonstrate alternate method? Yes No

If no, PW Director waives demonstration of alternate method? Yes No

Public Works Director



PRE-BLASTING AUTHORIZATION

BLASTING
LOCATION _____

BLASTING
DATE/TIME _____

NUMBER OF
DETONATIONS _____

The undersigned applicant has demonstrated a need to blast at the above location in accordance with City Code 15-2(f). The undersigned is hereby authorized to perform blasting within City limits.

Applicant Printed Name

Applicant Signature

Date

Public Works Director Printed Name

Public Works Director Signature

Date

File name: G:\Shared drives\Public Works ADMINISTRATION\Forms\NEW PW Forms\Pre-Blasting Authorization Letter