

Fire Marshal Permit BLAST APPLICATION

3657 Gaines Rd. - St Augustine, FL 32084
Phone: 904-209-1740 Fax: 904-209-1754

Permit required to be in Fire Marshal's Office 10 days prior to blast

CLASS: _____ (explosives) CATERGORY: _____ (type of use, see NFPA 495)

Permit Fee \$ 54.00

Mailing Address _____	
Parcel # _____	Building Permit # _____
Company or Organization seeking permit _____	
Phone Number _____	Contact Person _____
Date of Proposed Blasting _____	Additional Date of Proposed Blasting _____
Blasting will Start (time) _____ End Time _____	Blasting will Start (time) _____ End Time _____
Blasting Location _____	
Blasting Operator _____	
Date of Birth _____	Driver's License Number _____ State _____
Location/Address Blasting Agents will be stored prior to blasting _____ OR	
Location/Address of site for temporary or overnight storage _____	
TYPE & QUANTITY of Agents used (MSDS must accompany application) _____	

Copies of the following documents must be attached to this permit application:

1. Each manufacturer-distributor, dealer, user or blaster must possess a copy of a valid and subsisting license or permit issued by the Division of State Fire Marshal of the Department of Insurance per **FSS 552.091**.
2. List of all blasting assistants, including full name and age.
3. Organizations, companies and county departments (employees, security staff, contact law enforcement, etc.) who will function as monitors to prevent spectators or other unauthorized persons from entering the discharge site.
4. Insurance policy which includes liability coverage for the blasting event, or other acceptable proof of financial responsibility (minimum of \$1,000,000 coverage).
5. Description of what is being demolished, site plan for the demolition including the object being demolished, adjacent building locations, overhead obstructions and roadways.

The loss, theft, or unlawful removal of explosive materials shall be reported within 24 hours to the Bureau of Alcohol, Tobacco, and Firearms; to the permit-issuing authority; and to the local law enforcement agency.

All procedures shall follow FSS 522 (Manufacture, Distribution, & Use of Explosives), **FAC4A-2** (Explosives), and **NFPA 495** (Explosive Material Code).

Name _____ Signature _____ Date _____

OFFICIAL USE ONLY

APPROVED _____ REJECTED _____ OT# _____ PERMIT # _____ FHID _____

Signature of Fire Department Representative / Date

(Revised 10/09)