



Resilient Environment Department
Building Code Division
2307 W. Broward Blvd., Suite 300 • Fort Lauderdale, Florida 33312 • 954-765-4400

BLASTING PERMIT APPLICATION

A. COMPANY INFORMATION:

Explosive Company: _____ Phone: _____

Address: _____ Fax: _____

Blaster/Qualifier.: _____

State License No.: _____ County Lic. No.: _____

Seismologist: _____ Phone: _____

Address: _____ Fax: _____

Contractor: _____ Phone: _____

Address: _____ Fax: _____

Property Owner: _____ Phone: _____

Address: _____

B. LOCATION INFORMATION

Job Name: _____

Job Address: _____

Legal Description: _____

Acreage: _____ Folio No.: _____

C. BLASTING INFORMATION (Must accompany application)

_____ SEISMOGRAPH LOCATION(S): Attached in report information

_____ SITE PLAN: INCLUDING AERIAL OVERLAYS OF AREA OF NOTICE

_____ WRITTEN AUTHORIZATION FROM MUNICIPALITY (if applicable)

_____ DETAILED/SITE PLANS SHOWING AREAS OF BLAST/EXCAVATIONS (scaled)

_____ CROSS SECTION – OF LAKE/CANAL (scaled)

_____ LIST OF ADDRESSES NOTIFIED

Current Corps. Of Eng. Permit No. _____ Exp. Date: _____

PRE-BLAST INSPECTION REPORT _____ PRE-BLAST NOTIFICATION LETTER/BROCHURE _____

Scaled Distance: _____

Magazine Location(s): _____

Number of structures within radius _____ Number of structures inspected _____ Denied _____

Copies written inspections submitted _____ Not Applicable _____

Number of other structures expected to receive particle velocity of 0.20 inches per second (include formula for evaluation). _____

LIABILITY INSURANCE IN AMOUNT OF \$5,000,000.00

REQUIRED ENDORSEMENT ATTACHED: YES: _____ NO: _____

CASH BOND IN AMOUNT OF: \$25,000 COMPANY NAME: _____

LETTER OF CREDIT: _____ BANK NAME: _____

PLEASE READ BEFORE SIGNING: Application is hereby made for a permit to detonate explosives at the locations(s) indicated on this application and on the attached site plan. I certify that all work will be performed in accordance with all applicable federal, state, and local laws, standards, and policies regarding explosives. Further, by application for and issuance of a blasting permit, I submit myself to the jurisdiction of a Hearing Officer established by Broward County Ordinances for adjudication and determination of whether my actions or those of my agents, employees, subcontractors, or servants, pursuant to this blasting permit, caused damages to a property owner and for the award of any compensation from the security posted as a requirement of this blasting permit.

Date

Signature of Blaster/Qualifier

STATE OF Florida)
)
COUNTY OF Broward)

The foregoing instrument was acknowledged before me this ___ day of _____, 20___, by _____ who is personally known or provided _____ for identification.

My commission expires:

Notary Public

STAFF REVIEW AND COMMENTS: _____

Signature

Signature