

## **BUILDING & SAFETY SERVICES**

## PERMIT FOR DEVELOPMENT BLASTING

PERMIT #	
Pursuant to requirements of Chapter 120-3-10 of the Georgia Sa	fety Fire Regulations application is hereby made by:
Applicant Name	
Applicant Address	
Company Name	
Company Address	
Company Phone # () Email	
To be used for	
Location (detailed description/GPS)	
To be transported in (describe vehicle)	
Dates requested: From T	·o
I certify that: (1) I am familiar with the requirements of Chapt same; (2) If transportation is involved, the vehicle described a storage of explosives is not authorized under this permit, and a safe storage in an approved magazine; (4) My company agrees documents to be kept on file and updated as needed.	above is in good mechanical condition; (3) I understand that ill explosives shall be used up or returned to the vendor for
Any close proximity blasting? ☐ No ☐ Yes Will this Blasting Permit disrupt air or vehicle traffic in any	y manner?   No Yes
All blasting sites must meet the requirements of Georgia 1 required to be inspected by an Inspector from the City of Georgia 1 Applications must be submitted to our office before inspective which must be paid before the permit is released. A fir Along with the permit application, a valid copy, in PDF for this office:	Canton Building & Safety Services office. Blasting Permit ctions can be scheduled. There is a \$200.00 plan review we watch will be required for the duration of the event.
State Fire Marshal Permit	
Federal Explosive License (Level III Competency	Card)
Business license within the State of Georgia	
Certificate of Insurance (Need liability of \$1,000,000.00)	
Current copy of blaster's blasting license with pict	ture.
Blasting Plan with Detailed Site Map	
Current copy of blaster's Driver's License	
Hold harmless letter to the City of Canton	
Applicant Signature	_ Driver's License #
Print Name	Date
Approved By	Title
(CITY OF CANTON BUILDING & SAFETY SERVICES)	Date