_____
Permit Number

CITY OF STAUNTON
VIRGINIA
FIRE MARSHAL'S OFFICE

500 North Augusta Street
Staunton, Virginia 24401
(540) 332-3720 Fax (540) 332-3150

APPLICATION FOR EXPLOSIVES USE / STORAGE

_____
Date

Applicants Name: _____ Phone (Day): _____

Address: _____ Phone (Evening): _____

City: _____ State: ____ Zip: _____ DPOR License#_____

Property Owners Name: _____ Phone (Day): _____

Address: _____ Phone (Evening): _____

City: _____ State: _____ Zip: _____

Type of Operation Applying For: _____ Use of Explosives

_____ Storage of Explosives

Purpose for Explosives Use:

_____

Project start date: _____ Project completion date: _____

Certificate of Insurance: _____

Expiration Date: _____

Geographic Location of Explosives Use:

_____

_____

Type and DOT classification of explosives to be used:

_____

_____

Geographic Location of Explosives Storage:

_____

_____

Magazine Information

Magazine for explosives	**Magazine for Detonators**
IME Type magazine (Type 1,2,3,4 or 5)	IME Type magazine (Type 1,2,3,4 or 5)
Serial number of magazine	Serial number of magazine
Maximum amount of explosives to be stored in magazine	Maximum number of detonators to be stored in magazine
Type of explosive material to be stored	Type of detonators to be stored

DOT Classification of explosives	DOT Classification of detonators
Magazine barricaded? ___ YES ___NO	Magazine barricaded? ____YES ____NO
Distance (in feet) from nearest occupied building	Distance (in feet) from nearest occupied building
Distance (in feet) from nearest magazine	Distance (in feet) from nearest magazine

List all certified blasters who will be operating at this site:

Name: _____ Certification #: _____

Expiration Date: _____

Name: _____ Certification #: _____

Expiration Date: _____

Name:_____ Certification #: _____

Expiration Date: _____

I HEREBY ACKNOWLEDGE, that the information contained herein, and DECLARE that it be true and correct, to the best of my knowledge and belief. Further, I am the OWNER/OPERATOR, or a duly authorized AGENT acting on behalf of the OWNER, for all activities at the above referenced property or location. As such, I hereby agree to comply fully with all requirements Virginia Statewide Fire Prevention Code and the City of Staunton Fire Prevention Code governing the operation I wish to conduct.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

_____ _____ _____

Site Inspection Date Date Issued Expiration Date

Application: ___ Approved ___ Disapproved By: _____
Date: _____ Fire Official

Comments/Conditions:

_____

_____

_____

_____

_____

_____

_____