

City of De Soto

Blasting Permit

Name of Applicant (Print or type)

Date

Business Name (Print or type)

Business Address

(____) _____
Business Telephone

Day (____) _____ Night (____) _____
Emergency Contact Numbers

Name of Insurance Company

Address

Policy Number

(____) _____
Telephone Number

Name of Blasters

Certification Number/License Number

Each blaster needs to provide current copy of license

Blasting Site Information

Property Owner

Address

Location/Address of blasting site: _____

Storing Information

Do you intend to stock or store any explosives on location? Yes _____ No _____

If yes, please provide the amount and kind of explosives, blasting agents, or blasting caps.

Type of construction of magazine or storage place: _____

Applicant's Signature: _____ Date: _____

\$ _____
Fee Amount Paid

By City of De Soto

MORE INFORMATION ON REVERSE SIDE

Revised Date 12-10-07