

**CITY OF LIBERTY BLASTING PERMIT APPLICATION**

1. Company name:
2. Company address:
3. Company telephone:
4. Name of individual(s) responsible for blasting:
  
5. Previous experience in type of blasting described herein:
  
6. Licensed or certified?
7. Location of proposed blasting:
  
8. Purpose of proposed blasting:
9. Duration of proposed blasting:
- \_10. Insurance company name:
  
11. Address:
12. Policy number:
13. Will insurance company monitor blasting?     Periodic         Continuous         No
14. Bonding company name:
- \_15. Address:
- \_16. Bond number:
  
17. Will bonding company monitor blasting?     Periodic         Continuous         No
  
- BLASTING PLAN**
  
18. Type of explosive to be used:
19. Type of blasting agents to be used:
20. Type of initiation to be used: \_\_\_\_\_ Number of delays:
- \_21. Quantity of explosive to be used per cubic yard of material:
  
22. Maximum proposed quantity to be used per delay on one shot:
  
23. Maximum number of delays to be used per shot:
24. Maximum quantity of explosives to be used per shot:
25. Provide general description of the proposed blasting operation to include safety precautions:

26. General amount of cover material available:
27. Will blasting mats be used?
28. Distance to nearest permanent structure:
29. Scale distance = Line 28 ÷  $\sqrt{\text{Line 22}}$  =
30. Distance to nearest roadway:
31. Name of third party company other than insurance or bonding agencies who will monitor blasting:
32. Address: \_\_\_\_\_ Telephone #
33. Will blasting records be kept?
34. Location:
35. Records will be:  Periodic  Continuous
36. For:
37. By:
38. Date:



THE CITY OF

# LIBERTY

Dedicated to Community Excellence

Permit No. \_\_\_\_\_

Perf. & Maint. Bond No. \_\_\_\_\_

## CITY OF LIBERTY, MISSOURI DEPARTMENT OF ENGINEERING SERVICES

PROJECT NAME: \_\_\_\_\_

TYPE OF PROJECT: \_\_\_\_\_ Sanitary Sewer  
\_\_\_\_\_ Water Main  
\_\_\_\_\_ Street and Curb  
\_\_\_\_\_ Grading  
\_\_\_\_\_ Storm Sewer  
 Other BLASTING

CITY PROJECT NO: \_\_\_\_\_

DEVELOPER: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone \_\_\_\_\_ Contact \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone \_\_\_\_\_ Contact \_\_\_\_\_

DESIGN ENGINEER: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone \_\_\_\_\_ Contact \_\_\_\_\_

AMOUNT OF CONTRACT: \_\_\_\_\_  
(Copy of contract along with a listing of major construction items, quantities and unit prices to be attached).

PERMIT FEE (per City Building Permit Fee Schedule): \_\_\_\_\_

APPLICATION APPROVED:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY ENGINEER or  
AUTHORIZED REPRESENTATIVE