

Permit Application for the Use of EXPLOSIVES for BLASTING



Fire Prevention Bureau • 1645 Superior Ave., E • 216.664.6664 • F: 216.664.6681 Hours of Operation: Weekdays 7:30 am to 4:30 pm

This section: City of	PERMIT NUMBER	DATE	EXPIRATION DATE	FEE OZE
Cleveland Use Only				\$/5

- 1. In compliance with the Codified Ordinances of the City of Cleveland relating to the Manufacture, Use, Sale, Transport and Storage of Explosives, and any rules and regulations of any governmental authority having jurisdiction thereof, application is hereby made to USE explosives.
- 2. No explosive will be stored on location. When used, an inspector will be present. Explosives will be used only at the approved location, in the stated quantity. ALL SAFETY PRECAUTIONS WILL BE TAKEN TO PROTECT PERSONNEL & PROPERTY, particularly concerning drilling, misfires, the use of mats and the handling of empty containers. Sufficient warnings will be given. Precautions will be used before, during and after blasting, especially when testing circuits and charging holes.

APPLICANT INF	ORMATIO	N						
APPLICANT NAME AND TITLE					APPLICANT TELEPHONE NUMBER			
APPLICANT STREET ADDRESS				CITY		STATE		ZIP
APPLICANT EMAIL ADDRE	ESS						22.	
SIGNATURE X			DATE					
BLASTING INFO	RMATION							
NAME OF BLASTING CONTRACTOR				CONTRACTOR STREET ADDRESS				
CONTRACTOR CITY	STATE	CONTRACTOR ZIP		CONTRACTOR	CONTRACTOR TELEPHONE NUMBER			
FACILITY EMERGENCY CONTACT NAME		POSITION		EMERGENO	EMERGENCY CONTACT TELEPHONE NUMBER			
BLASTING LOCATION			ı	BLASTING DATE & TIME				
BUSINESS OWNER NAME			BUSINESS OWNER PHONE		BUSINESS	BUSINESS OWNER EMAIL		
OUT OF STATE PERMIT AND VARIANCE (required copy attached)			SUPPLIER					
TYPE OF EXPLOSIVE USE	D							
REMARKS								
INSURANCE INF	ORMATIC	N						
1. The expiration date 2. Not less than \$1,00	이 그렇게 있으니? 이 이 사람이 아이를 먹어야 하네요.				the insurance	e but not to e	xceed 1	Year.

*** Please include a business card if you have one ***

(The Department of Law may require greater coverage in each case to indemnify the City of Cleveland against

any and all damages arising from the permitted blasting.)

REQUIRED COPY OF YOUR INSURANCE INCLUDED WITH THE APPLICATION

BLASTING INFORMATION							
BLASTING LOCATION	BLASTING DATE & TIME						
ADDITIONAL DEGLIDED INFORMATION							
ADDITIONAL REQUIRED INFORMATION The following information is required to be submitted with	th the permit application. The Fire Marshall may require						
	res to protect the safety and welfare of the public.						
SEISMIC INFORMATION.							
SITE LOCATION DIAGRAM INDICATING THE BLAST AREA, BLAST SITE, LOCATION WHERE EXPLOSIVES ARE TO BE LOADED AND ALL SURROUNDING EXPOSURES WHICH MAY BE AFFECTED AS A RESULT OF THE BLASTING BUILDING, STREETS, PROPERTY LINES, ETC.							
Complete Application Instructions							
Make sure that the application is completely filled out.							
This application is for the use of explosives. Each person handling explosives in conjunction with a blasting operation shall obtain a dangerous ordnance permit by completing a Dangerous Ordnance Registration.							
Once you have completely filled out the application(s) you will need to submit a check or money order payable							
to the City of Cleveland to: City of Cleveland							
Fire Prevention Bureau	Florida						
1645 Superior Ave., E, 2nd Cleveland, Ohio 44114	Floor						
or otherwise dispose of, any explosive, including without fireworks, as defined in this chapter, without first obtains is not applicable to the use, possession, or control of lepounds or less of black powder, or less than one thousammunition, except as required under division (c) of Seto a transporter of explosives on highways, railways, or does not include "storage incidental to transportation" we	s. A person shall not store, possess, use, sell, give away, at limitation, pyrotechnic material, consumer or displaying a written permit from the City Fire Chief. This division as than fifteen (15) pounds of smokeless powder, fifty (50)						
Fire Prevention Bureau Section- Do Not Writ	e in Shaded Area						
INSPECTOR'S SIGNATURE X	☐ Approved ☐ Disapproved ☐ DATE						
COMMENTS/SPECIAL CONDITIONS							