

City of Fort Oglethorpe

Building Department 500 City Hall Drive Fort Oglethorpe, GA 30742 706-866-2544, Ext 1200

APPLICATION FOR BLASTING PERMIT

DATE:

Company Name:	
	Email:
Address of Blasting Site	.
24 Hour Emergency Con	ntact:
	one:
State License No. (provi	de copy): Exp. Date:
Insurance Carrier (prov	ride copy):
• • • • • • • • • • • • • • • • • • • •	on of Explosive:
Hours Stored on S	Site:
2. Type or Description	on of Explosive:
Amount Stored on	Site:
Hours Stored on S	Site:
3. Type or Description of Explosive:	
Amount Stored on	site:
Hours Stored on S	Site:
4. Type or Description of Explosive:	
Amount Stored or	Site:
	Site:
(List any others or	

Description of Job or Project:			
TO BE FILLED OUT BY FIRE OFFICIAL			
Approved, subject to all applicable Federal, State and Local Laws and Ordinances.			
Rejected for the following reasons:			
Permit Number: Start Date: Expires:			
Fee: \$200.00 Date Paid:			
Fire Official Signature:			

EXPLOSIVE PERMIT

PERMIT #:	DATE:
Company Name:	
Company Address:	
Phone:	Email:
Address of Blasting Site:	
24 Hour Emergency Contact:	
the City of Fort Oglethorpe B required for all explosives eith \$200.00 will be required of the explosives. The fee must be per substitution of the explosive of	
2.) Failure to obtain an explos	sive permit is a violation.
NOTE: This permit must be visible a	at job site at all times.
Expiration Date:	
	Fire Official Signature