



City of Fort Oglethorpe

500 City Hall Drive
Fort Oglethorpe, GA 30742
706-866-2544, Ext 1101

APPLICATION FOR BLASTING PERMIT

Date: _____

Company Name: _____

Company Address: _____

Phone: _____ Email: _____

Blaster Name: _____ Phone #: _____

Blaster Name: _____ Phone #: _____

Blaster Name: _____ Phone #: _____ Address
of Blasting Site: _____

24 Hour Emergency Contact: _____

24 Hour Emergency Phone: _____

State License No. (provide copy): _____ Exp. Date: _____

Insurance carrier (provide copy): _____

Are Explosives Stored on Site Overnight: _____

Are Explosives Brought in Daily: _____

1. Type or Description of Explosive: _____

Amount on Site: _____

Hours on Site: _____

2. Type or Description of Explosive: _____

Amount on Site: _____

Hours on Site: _____

3. Type or Description of Explosive: _____

Amount on Site: _____

Hours on Site: _____

4. Type or Description of
Explosive: _____

Amount on Site: _____

Hours on Site: _____

(List any others on separate sheet)

PERMIT #: _____

DATE: _____

Company Name: _____

Company Address: _____

Phone: _____ **Email:** _____

Blaster Name: _____ **Phone #:** _____

Blaster Name: _____ **Phone #:** _____

Blaster Name: _____ **Phone #:** _____

Address of Blasting Site: _____

24 Hour Emergency Contact: _____

24 Hour Emergency Phone: _____

- All Class A, Band C explosives and blasting agents must be reported to the City of Fort Oglethorpe Building Department. A permit will also be required for all explosives either stored or used within the city. A fee of \$200.00 will be required of the entity involved with the above Classes of explosives. The fee must be paid prior to issuance of the permit.
- All units that store or contain explosives either mobile or fixed must have the proper DOT or NFPA plaques affixed to all four sides of the building or vehicle containing explosives.
- Penalties:
 - 1.) Failure to report regulated explosives is a violation.
 - 2.) Failure to obtain an explosive permit is a violation.
 - 3.) Shall notify Catoosa County Fire at least 2 HR before blasting 706-861-4194

NOTE: This permit must be always visible on the job site.

Start Date: _____

Expiration Date: _____

Fire Official Signature

Date

Description of Job or Project:

TO BE FILLED OUT BY BUILDING OFFICIAL

Approved, subject to all applicable Federal, State and Local Laws and Ordinances.

Rejected for the following reasons: _____

Permit #: _____ **Start Date:** _____ **End Date:** _____

Fee: \$200 **Date Paid:** _____

Building Official Signature: _____ **Date:** _____