



**APPLICATION *for* BLASTING**

Application Date: \_\_\_\_\_

**Property Information:**

Owners Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**Applicant Information:**

Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Other: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Blasting Company:**

Firm Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Warrington Township Contractor's Registration#: \_\_\_\_\_

**Type of Structure:** \_\_\_\_\_ **Historic Site:** \_\_\_\_\_

**Blasting Method:** \_\_\_\_\_

**Disposition of Waste:** \_\_\_\_\_

**Name/ Address of Landfill:** \_\_\_\_\_

**Tentative Start Date:** \_\_\_\_\_ **Tentative Completion Date:** \_\_\_\_\_

**Permit Requirements – Statement**

1. Upon approval and scheduling you must notify Bucks County Radio, (215-343-2415) and the Warrington Township Building (215) 343-9350 no less then twenty-four (24) hours prior to blasting. Be sure to give time, date, and address (or location).
2. Upon Completion of work call Bucks County Radio and Warrington Township.

I Agree to comply with The 2006 International Fire Code Chapter 33:

**Authorized Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**ESTIMATED COST:** \$ \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Approved**       **Denied**

**Inspector:** \_\_\_\_\_

**Fee:** \$ \_\_\_\_\_