



STATE OF DELAWARE  
 OFFICE OF THE STATE FIRE MARSHAL  
 2307 MACARTHUR ROAD  
 NEW CASTLE, DELAWARE 19720-2426  
 PHONE NUMBER (302)323-5375



**APPLICATION FOR PERMIT TO USE EXPLOSIVES OR BLASTING AGENTS**

Return completed application with a LOCATION DRAWING OR SKETCH and a check or money order in the amount of \$25.00 made payable to the *State of Delaware*.

1. \_\_\_\_\_ / \_\_\_\_\_  
 DATE / STARTING DATE

2. \_\_\_\_\_  
 NAME OF APPLICANT

\_\_\_\_\_  
 ADDRESS OF APPLICANT

\_\_\_\_\_  
 PHONE NUMBER OF APPLICANT

\_\_\_\_\_  
 E-MAIL ADDRESS

3. \_\_\_\_\_  
 LOCATION OF USE

4. \_\_\_\_\_  
 MATERIALS TO BE USED

5. \_\_\_\_\_  
 BLASTER

6. \_\_\_\_\_  
 BLASTER'S LICENSE NUMBER

7. IS MAGAZINE TO BE LEFT ON JOB SITE? \_\_\_\_\_ IF SO, GIVE PERMIT # \_\_\_\_\_

8. Application is hereby made to use explosives or blasting agents according to all the foregoing information. Conditions, surrounding and arrangements to be in accordance with the "Fire Prevention Rules & Regulations" and all adopted codes and ordinances.

<b><u>Fire Marshal Use Only</u></b>	
Date Rec'd:	_____
Check #:	_____
Fee Rec'd:	_____
Permit #:	_____
Expiration Date:	_____

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Title

**NOTICE: PERMIT MUST BE ON JOB SITE AT ALL TIMES.**

**EXPLOSIVES SITE APPLICATION INSTRUCTIONS**

- Complete application in its entirety with applicants signature and title
- Attach a locations sketch and/or drawing showing the exact location where the blasting will occur
- Attach a check or money order (no cash) in the amount of \$25.00 made payable to the “State of Delaware”
- All applications, locations sketch and/or drawing and checks must be legible to be processed

**DO NOT FILL IN - FOR FIRE MARSHAL'S OFFICE USE ONLY**

\_\_\_\_\_  
DATE SITE INSPECTED

\_\_\_\_\_  
MATS TO BE USED

\_\_\_\_\_  
APPROVAL - REJECTED

\_\_\_\_\_  
SPECIAL PROVISIONS AS PER ATTACHED

\_\_\_\_\_  
FEE RECEIVED

\_\_\_\_\_  
PERMIT NUMBER ASSIGNED

\_\_\_\_\_  
EXPIRES