



OFFICE OF THE STATE FIRE MARSHAL

Delaware Fire Service Center
2307 MacArthur Road
New Castle, DE 19720-2426
302-323-5375 / Fax 302-323-5366



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 **\$100.00** 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. _____ 6. _____
BLASTER 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.

FIRE MARSHAL USE ONLY

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 ***\$100.00*** 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