

BLASTING PERMIT APPLICATION

PERMIT FEE: \$50.00

PERMIT #: BL _____

Permission is hereby granted to:

BLASTER'S NAME / COMPANY NAME:	BLASTER'S CERTIFICATE NO.:
MAILING ADDRESS:	TELEPHONE NO.:
EMAIL:	

A copy of Blaster's Certificate of Insurance must be on file prior to issuing permit.

INSURANCE COMPANY:	POLICY NO.:
ADDITIONAL INFORMATION:	INSURANCE EXPIRY DATE:

Blaster hereby confirms that a pre-blast survey has been completed on neighbouring buildings and dwellings within the clauses in the blasting endorsement of the above insurance policy, and the Corporation of the District of North Cowichan Blasting Bylaw No. 3255, and as indicated in the contract documents.

CIVIC ADDRESS OR LOCATION OF PROPERTY:	DATE OF BLASTING:
	PERMIT EXPIRY DATE:
LEGAL DESCRIPTION OF PROPERTY:	NAME OF PROPERTY OWNERS / DEVELOPERS:
ADDITIONAL COMMENTS:	
PERMIT HOLDER MUST ARRANGE FOR SEISMIC MONITORING DURING BLASTING AT THE CLOSEST STRUCTURE TO THE BLAST SITE AND HAVE MONITORING DATA AVAILABLE TO THE MUNICIPALITY SHOULD IT WISH TO REVIEW.	

This permit expires twenty-eight (28) days from the date of this permit and is issued pursuant to the "Blasting Bylaw" No. 3255 of The Corporation of the District of North Cowichan.

APPROVAL DATE:	DIRECTOR OF ENGINEERING, CLAY REITSMA, M.Eng, P.Eng.	BLASTER'S SIGNATURE:
----------------	--	----------------------