

BLASTING PERMIT APPLICATION

Return request to: Hoover Fire Department 2020 Valleydale Road, Suite 201, Hoover, AL 35244 Phone 205.444.7655 | Fax 205.444.7607 FirePreventionNotifications@ci.hoover.al.us

APPLICANT INFORMATION

Date:		Applicant I	Applicant Name:			
Company Name	2:					
Address:		City:	State:	Zip:		
Phone:		Fax:				
Mobile:		Applicant I	Applicant Email:			
Liability Insuran	ce:					
BLASTING LOCA	ATION					
Address:		City:		Zip:		
OR						
Lot:		Block:	Block:			
Property Owner	r:					
BLASTING INFO	RMATION					
Purpose of blasting:		Storage of	Storage of explosives:			
Responsible Agent:			State of AL	State of AL Blasting Card:		
Seismic Consultant:			Phone:	Phone:		
 This permit is void thirty (30) days after date of issue. This pemit is subject to the following stipulations: Maximum velocity 0.5 IPS at nearest structure All shots to be monitored Seismic to be sent to Fire Prevention Bureau on a weekly basis Pre-blast survey of all structures within 500 feet of ballast site Maximum air blast 124 db All shot to be matted or protected to avoid fly rock Provisions set forth in the International Fire Code-2015 Edition 					asis site	
OFFICIAL USE O	NLY					
Notes:						
Station:			Pe	rmit #:		
Issue Date:		Expiration Date:	Re	newal Date:		
Issuing Official:			Sig	nature:		