



City of Pevely

401 Main Street Pevely, Missouri 63070

APPLICATION FOR BLASTING PERMIT

(PLEASE PRINT ALL ENTRIES)

Date of Application: _____

Applicant: _____ Phone: _____

Business Address: _____

Insurance Company: _____

Amount of Coverage: \$ _____ Expiration Date: _____

Type of Explosive to be used: _____

Magazines: _____ Expiration Date: _____

Name of Blaster/License Number: _____

General Contractor: _____

Contractor's Address: _____

PROVIDE MAP, AND INDICATE ON THE MAP THE EXACT LOCATION OF THE BLASTING SITE

Subdivision Name: _____ Address of Blasting Site: _____

Starting Date: _____ Completion Date: _____

Number of Inspections: _____ Reason for Blasting: _____

Signature of Applicant: _____

Permit Number: _____ Permit Expires On: _____

Permit Fee: \$ _____

Permit Approved By: _____ Date: _____