

**TOWN OF SANDWICH
BLASTING PERMIT APPLICATION**

Date: _____

Application is hereby made to obtain a permit for blasting operations in the Town of Sandwich, New Hampshire. All operations shall be conducted in accordance with all Federal, State (Saf-C 1600) and local (NFPA 495 Explosive Materials Code) regulations and standards. No blasting operations will begin until an approved permit is secured from the Board of Selectmen. **The permit must be secured 24 hours prior to work.** The following items shall accompany this application:

- Certificate of Liability Insurance allowing work in Sandwich, NH
- A legible copy of the Certificate of Competency for Blasting Operations and current driver's license
- A list showing the maximum amount and type of explosives and detonators that will be on-site
- Scaled distance or vibration instrumentation (circle one)
- List of abutters
- Check payable to the Town of Sandwich for \$50 (good for one site/job only)

Name of Owner(s): _____

Address of Property: _____

Property Map: _____ **Lot:** _____

Mailing Address (if different from above): _____

Name and Address of Explosives Contractor: _____

Phone: _____

NH Blasting License# _____ **Location of Protective Signage:** _____

Name of General Contractor (if different from blasting contractor): _____

Brief description and location of work (attach drawing(s) of affected areas): _____

Additional Information: _____

Expected Duration of Project: _____

I declare that the following information is true and complete to the best of my knowledge. I understand that any intentional false answer to any questions will be just cause for refusal of my application or revocation of any license under the provisions of the above mentioned statute.

Signature of Blasting Contractor

Signature(s) of all Property Owners or Agent

TOWN USE ONLY

Total Fee Due: _____ Paid: _____ Received by: _____

Administration:

- ___ Completed application
- ___ Certificate of Liability Insurance allowing work in Sandwich, NH
- ___ Legible copy of the Certificate of Competency for Blasting Operations and current driver's license
- ___ List showing the maximum amount and type of explosives and detonators that will be on-site
- ___ Scaled distance or vibration instrumentation (circle one)
- ___ List of abutters
- ___ Check payable to the Town of Sandwich for \$50 (good for one site/job only)

Pre-Blast Inspection (to be conducted by the Police and Fire Chief or their designated representatives):

Date of inspection: _____

- ___ Verify no structures exist within 100 feet of the blasting operation
- ___ Blasting contractor has made a minimum of three (3) attempts to contact the owner or occupant of the structure covering at least a 48 hour period, if applicable.
- ___ Verified supporting documentation: Certificate of Competency for Blasting Operations license, driver's license, certificate of liability insurance
- ___ Verified blasting contractor will provide notification to Police and Fire Departments twenty-four (24) hours before blasting occurs and before each blast
- ___ Verified blasting contractor will provide notification to Police and Fire Departments if explosives are to be stored on-site. Notification includes arrival date/time and retrieval/removal
- ___ Verify blasting contractor will sound a warning signal prior to each blast per Saf-C1626.04
- ___ Verify the posting of signs warning against the use of mobile radio transmitters on all roads within 350 feet of the blasting operation, if applicable

Date approved: _____ Date denied: _____ Permit Expires: _____

Selectman/Compliance Officer

Police Chief

Fire Chief

February 2020

FEE SCHEDULE

<u>Application</u>	<u>Fee</u>	<u>Amount Submitted</u>
Blasting Permit	\$50	\$ _____