

# *City of De Soto*

## *Blasting Permit*

---

\_\_\_\_\_  
Name of Applicant (Print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Name (Print or type)

\_\_\_\_\_  
Business Address

(\_\_\_\_) \_\_\_\_\_  
Business Telephone

Day (\_\_\_\_) \_\_\_\_\_ Night (\_\_\_\_) \_\_\_\_\_  
Emergency Contact Numbers

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Policy Number

(\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Blasters

\_\_\_\_\_  
Certification Number/License Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Each blaster needs to provide current copy of license*

---

### *Blasting Site Information*

---

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Address

Location/Address of blasting site: \_\_\_\_\_  
\_\_\_\_\_

### *Storing Information*

---

Do you intend to stock or store any explosives on location? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the amount and kind of explosives, blasting agents, or blasting caps.

\_\_\_\_\_  
Type of construction of magazine or storage place: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_  
Fee Amount Paid

\_\_\_\_\_  
By City of De Soto

MORE INFORMATION ON REVERSE SIDE

Revised Date 12-10-07