

Daniel A. Goonan
Chief of Department



Brendan M. Burns
Assistant Chief

City of Manchester
Fire Department
Fire Prevention Bureau

**APPLICATION FOR PERMIT TO STORE, TRANSPORT, AND USE
EXPLOSIVES, OR BLASTING AGENTS**

DESCRIPTION OF APPLICANT

Company Name of Applicant _____ Street Address _____
City or Town _____ State _____ Zip Code _____ Phone _____
New Hampshire Address _____ Fax _____
Name and Address of Contractor
that will use explosives. _____ Phone _____
Name of general contractor
if different from on-site contractor. _____ Phone _____
NH Blasting License # _____ Location of Protective Signage _____ F.H. Spec. N.H. DOT _____

SITE PLAN IDENTIFICATION

Specific Areas of Blasting _____ Storage Area _____
Amount of Explosives Stored _____ Type of Explosives Stored _____

You MUST notify Fire Alarm at (603) 669-2256 prior to each project and prior to each blast (see REQUIREMENTS)

CERTIFICATE OF INSURANCE

Name of Insurance Company _____ **see file** _____
Expiration Date of Policy _____ Limits of Liability of Policy _____

BLASTING PERMIT

The undersigned hereby makes application for a Permit to Store, Transport, and the Use of Explosives or Blasting Agents, in accordance with the provisions of the Code of Ordinances of the City of Manchester, Chapter 92, Section 92.05, Fire Prevention Code, Ch 1, Sec 105.1; Ch 33, Sec 3301.2.

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 question will be just cause for refusal of my application or revocation of any license under the provisions of the above mentioned statute.

Approved _____
Date

Applicant Signature

Permit Expires _____
Date

Denied _____
Date

Chief of Fire Prevention Bureau