



**South Carolina Department of Labor, Licensing and Regulation
 Division of Fire and Life Safety
 Office of State Fire Marshal
 141 Monticello Trail
 Columbia, SC 29203**



Phone: (803) 896-9854 Fax: (803) 896-9806

APPLICATION FOR PERMIT TO BLAST

FOR OFFICE USE ONLY

PERMIT # _____
 INSURANCE POLICY DATES _____
 DATE _____
 APPROVED BY _____
 HOW NOTIFIED _____
 AGENCY NOTIFIED _____

PLEASE CHECK ONE:

_____ 1 MONTH \$ 50.00
 _____ 3 MONTHS \$100.00
 _____ 6 MONTHS \$250.00
 _____ 1 YEAR \$500.00

A certificate of insurance, if current certificate is not already on file with this office, a detailed diagram with directions to the blast site, proper fees and any other required documentation must accompany each application. All questions on the application must be completed. Any incomplete permit package will be returned to the applicant.

Type or Print in Black Ink

Name: _____
 Firm: _____
 Address: _____
 Telephone: _____ Fax #: _____ Emergency #: _____
 Name of Blaster: _____ License #: _____
 County of Blast Site: _____ Address of Blast Site: _____
 Company Contracting Blasting: _____ Purpose for Blasting: _____
 Fire District: _____ Fax #: _____

Anticipated date and time to begin and complete blasting operations pursuant to this permit:

From: _____ **To:** _____ **Times:** _____

Proximity in feet to:
 Gas Lines: _____ PUP Ticket # _____
 Power Transmission Lines: _____ SCDOT Permit # _____
 Public Roads: _____ Date Public Utilities or proper agencies notified in writing of blasting in
 Structures: _____ vicinity of right of way _____

Approval of this application does not waive the responsibility to comply with all applicable requirements of state and local government.

Total estimated amount of explosives for life of permit: _____

Amount per shot: _____ Amount per charge (8ms separation): _____

Type of explosive(s): _____

Permit number(s) of Magazines explosives will be transported in: _____

Will Magazine be moved on site? _____ Magazine Number(s) _____ Type: _____

Is magazine properly placarded or labeled _____ Has local fire department been notified _____

Will Seismograph be used? _____

 Signature of Applicant Date: _____

**PLEASE ATTACH JUSTIFICATION FOR ANY VARIANCE OR SPECIAL PROJECT REQUEST
 I HAVE RECEIVED AND READ THE SC EXPLOSIVES RULES & REGULATIONS HANDBOOK & NFPA 495 EXPLOSIVES
 MATERIALS CODE, 2006 EDITION: YES _____ No _____**