



CITY OF ESCONDIDO

**Fire Department
1163 N Centre City Parkway
Escondido, CA 92026
(760) 839-5400
Fax (760) 739-7060**

BLASTING PERMIT

For Internal Use Only	
Is a current copy of Explosives Permit issued by Sheriff's Office on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a current Certificate of Insurance on file per City Ordinance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has permit fee been paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notification letter on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Map indicating 300' and 600' from blast site on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List of addresses requiring Inspections on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List of addresses requiring Notification on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fire Department Representative	

Date	

Contractor Name: _____

Address: _____

Contact Name: _____

Phone: _____ Secondary Phone: _____

Location of blasting operation: _____

Purpose of blasting operation: _____

Date(s) blasting to be conducted: from: _____ to: _____

Permit expires 30 days after this date.

Time(s): _____

Seismograph monitoring is required on ALL blasting within the City jurisdiction with copies of seismograph reading submitted to the Fire Department at the end of each work week.

The seismograph operator(s) will be _____

Per current **City** Ordinance, blasting operation is: Major Minor

If Major, preblast inspection is required.

*Permit fee includes witness of two blasts with each additional blast to incur a new fee.

*Contractor must provide 24-hour written notification for each blast. Notification may be faxed with confirmation that the fax was received by the Fire Department.

Print

Signature

Date