



# City of Escondido Fire Department

1163 N Centre City Parkway  
Escondido, CA 92026

Phone: 760-839-5400; Fax: 760-739-7060



## Blasting Permit

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 one year same site - 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, pre-blast 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

### For Internal Use Only

Is a current copy of Explosives Permit issued by Sheriff's Office on file?	Yes	No
Is a current Certificate of Insurance on file per City Ordinance?	Yes	No
Has permit fee been paid?	Yes	No
Notification letter on file?	Yes	No
Map indicating 300' and 600' from blast site on file?	Yes	No
List of addresses requiring Inspections on file?	Yes	No
List of addresses requiring Notification on file?	Yes	No

Fire Department Representative: \_\_\_\_\_

Date: \_\_\_\_\_