

City of Gardendale - Inspection Services Department
925 Main Street – P. O. Box 889
Gardendale AL 35071
(205) 631-1708

Blake Castleberry
Building Superintendent

BLASTING PERMIT APPLICATION

(Permit expires if blasting not completed within 30 days from issue date)

Blasting Company Name: _____

Mailing Address: _____

Phone #: _____

Liability Insurance Policy in the Amount of \$ _____
(Copy of Insurance Certificate must be provided before issuance of permit.)

Insurance issued by: _____

Address/Location of Blasting: _____

Cost of Job: _____

Purpose of Blasting: _____

Storage of Explosives on Site: _____

This permit is void thirty (30) days after issue. This permit is issued subject to the stipulations printed below, as well as provisions set forth in the currently adopted International Fire Code for Explosive Materials. This permit is issued with the understanding and agreement that the person, firm or company to whom it is issued, together with the individuals doing the blasting, are held responsible to the City of Gardendale and to all persons whomsoever for any injuries and for damages of any kind resulting from blasting.... THAT THE BLASTING CARD HOLDER NAMED HEREIN IS TO BE AT ALL TIMES AT THE SCENE OF, AND IN CHARGE OF, SAID BLASTING.

PRINT name of individual agent who will be on the scene and in control of the blasting and responsible thereof: _____

FOR NON-RESIDENTIAL ONLY: State of Alabama Construction Industry Craft Training (CICT) Fee (\$1.00 PER \$1,000):

Total Construction Cost: _____

SIGNATURE for Blasting Company: _____

CONDITIONS FOR BLASTING: 1.) Maximum velocity 1.25 IPS @ nearest structure; 2.) Maximum air blast 120 db; 3.) All shots to be monitored; 4.) All shots to be matted or protected to avoid flyrock; 5.) Seismic to be sent to the Building Superintendent on a weekly basis; 6.) Pre-blast survey of all structures within 500 feet of blast site;

Seismic Consultant: _____

OFFICE USE ONLY...

\$25 Permit Fee, plus \$25 Issuance Fee = \$50 Total Blasting Permit Fee

BUILDING OFFICIAL _____ DATE _____ PERMIT NO. _____