



EAST ROCKHILL TOWNSHIP

1622 N. RIDGE ROAD
PERKASIE, PA 18944
TELEPHONE: 215-257-9156
FAX: 215-257-1299

Permit# _____

Date Issued: _____

APPLICATION FOR EXPLOSIVES USE PERMIT (BLASTING PERMIT)

1. JOB SITE INFORMATION

Street/Street Address	Zip	Parcel Number(s)	Zoning District
Parcel Use: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Utility <input type="checkbox"/> Commercial <input type="checkbox"/> Quarry <input type="checkbox"/> Other _____	Subdivision Name		Lot Number(s)

2. OWNER INFORMATION

Name: _____
Address: _____
City/State/ZIP: _____
Phone: () _____ Cell: () _____
Fax: () _____ Pager: () _____
EMAIL: _____

3. CONTRACTOR INFORMATION

Name: _____
Address: _____
City/State/ZIP: _____
Phone: () _____ Cell: () _____
Fax: () _____ Pager: () _____
EMAIL: _____

4. CONTACT PERSON:

Name: _____ Title: _____ Address: _____
Phone: () _____ Cell: () _____ City/State/ZIP: _____
Fax: () _____ Pager: () _____ EMAIL: _____

5. STATE BLASTER'S LICENSE INFORMATION

Pennsylvania State Blaster's License No.	Expiration Date:
<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Developer	
Name:	Company Name:
Street Address:	City/State/Zip:
Phone:	Cell:
Fax:	Pager:

6. PROJECT INFORMATION

Work Type

Grading Sanitary Sewer Site Development
 Water Line Utility Trench Mining or Quarry
 Install Storm Other _____

7. EXPLOSIVE INFORMATION

Explosive Type

Dynamite
 Ammonium Nitrate
 Check Box 22
 Other _____

8. DESCRIPTION OF WORK

9. APPROXIMATE SCHEDULE

Time and date work is estimated to begin: _____ (24 hours notice required)
Date work is estimated to be completed: _____

10. REQUIRED ATTACHMENTS

<input type="checkbox"/> Explosives Use Plan	<input type="checkbox"/> State Blasting Activity Permit
<input type="checkbox"/> Valid Certificate of Insurance	<input type="checkbox"/> List of all property owners within 1,000 feet from the permitted explosives area <i>(Applicant is responsible for notifying all propertyowners identified)</i>
<input type="checkbox"/> Explosives Use Schedule* Required to be submitted five days prior to blasting	

11. Signature of Applicant & Date

_____	_____
Signature	Date

Print Name	

DEPARTMENT APPROVALS Plan Examiner _____ Date _____ Fire Company to be notified: _____ Comments: _____	Fee
---	------------

cc: Applicant
 Parcel or Project File
 Fire Company