



**City of Monroe Fire Department
Fire Marshal Office
117 N. Church Street, Monroe, NC 28112
Telephone: 704-282-4706/Fax: 704-282-4777**



APPLICATION FOR FIRE BLASTING PERMIT

Type of Permit: ☐ 2 day Blasting Permit (48 hours)

☐ 30 day Blasting Permit

Date: _____

Business Name of Applicant: _____

Contact Person and Title: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____
(if different)

Area Code & Telephone Number (s): (____) _____ (____) _____

Date(s) Requested for Permit: _____

Address of Work Site: _____

Contact Person: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____
(if different)

Area Code and Telephone Number(s): (____) _____ (____) _____

Required Information:

☐ Insurance proof of 1 million dollars (Can fax be to Fire Marshal Office at 704-282-4777)

☐ Site plan if within 200 feet of building or structure or magazine storage on property.

☐ Seismograph(s) if within 200 feet of building or structures.

☐ Approximate amount of explosive to be used. _____

Signature of Applicant: _____ Date: _____

*NFPA 495 and Section 5607 of the 2018 NC Fire Code

** Notify 24 hours in advance to allow Utility notification

By signing and submitting this document, I agree that all signatures where required may be Electronically Signed by either party, pursuant to NCGS 66-315(b).