

Applicant Signature

Town of Wake Forest Application for Explosives Blasting Permit

Department of Planning & Inspections

(919) 435-9531

Date

301 South Brooks Street Wake Forest, NC 27587	(919) 435-9538 FAX	
	Date of Application	n/
Applicant		
Address		
City	State	Zip
Contact	Contact Phone	#
Location of Blast Site (or GPS coordinate	es)	
City	State	Zip
Start Date (Time)/ ()	Completion Date (Time	ne)/ ()
This application must be completed and return prior to issuance of the permit. Please allow (
Please select one: ☐ NEW PERMIT ☐	RENEW/EXTEND PERMIT	#
☐ 30 Day ☐ 90 Day THE FOLLOWING ITEMS ARE REQUIRED TO 1. Certificate of Insurance in the amfor each property damaged with: 2. Purpose of proposed explosion	nount of \$3,000,000 for each such coverage including exp	personal injury and 1,000,000 plosion and collapse.
Parcel Identification Number or C	distance to blasting site s om any utilities (NC 811-Loc GPS Coordinates	ate ticket #'s)
FAILURE TO PROVIDE ANY OF THE ABOVE L TO ISSUE THE BLASTING PERMIT. NO STOR	AGE OF EXPLOSIVES AR	
CORPORATE LIMITS OF THE TOWN OF WAKI	<u>- FUKESI</u>	