



Athens-Clarke County Fire & Emergency Services



1.1.4 Blasting Permit

Site location: _____

Contractor or Authorized Blasting Agent

Company Name: _____

Address: _____

Phone: _____

Blasting Agent: _____

Address: _____

Phone: _____

State License Number: _____

Beginning date: _____ Ending Date: _____

Estimated number of shots: _____

**BLAST MUST BE SCHEDULED VIA TELEPHONE AT (706)-613-3365 BEFORE 9:00 AM
(No blasting on weekends)**

I _____ certify that I have obtained a blasting permit for the above-described site location. I understand that in accordance with The Code of Athens-Clarke County Title 3, Chapter 7, § 3-7-5(e) there will be a fee assessed of \$100 for the blasting permit and one (1) shot. I also understand there will be an additional inspection fee of \$30 per shot until the job is completed. I further understand that all blasting shall be conducted in accordance with Chapter 120-3. - Rules of Safety Fire Commissioner and Georgia Code Title 25 - Fire Protection and Safety Chapter 8 - Regulation of Blasting Operations Generally. Failure to comply will result in this permit being revoked.

X

Issuing Officer

X

Blasting Agent

Date: _____

Date: _____

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Honesty

Dependability

Teamwork

Professionalism

Camaraderie