

AMITY TWP BLASTING PERMIT APPLICATION

(Fees will be assessed and due when permit is completed.)

APPLICANT (select one) Property Owner Contractor

PROPERTY OWNER (Where blasting will be performed)

Name: _____ Sudvsn: _____ Lot# _____

Street Address: _____ Phone: _____

CONTRACTOR

Company Name: _____

Address: _____ Phone: _____

_____ Pa Blasting Lic #: _____

Email: _____

Describe the reason the blasting is being performed (e.g. sewer, electric, foundation):

Should a permit be issued, the following minimum requirements must be met:

a) All general blasting and/or detonation operations shall conform with the regulations enforced by the applicable agencies of the Commonwealth of Pennsylvania and the federal government.

b) Blasting and/or detonation operations shall only be permitted between the hours of 9:00 a.m. and 5:00 p.m. and shall not be permitted on Sundays and holidays.

c) Written notice of all blasting and/or detonation operations shall be given at least twenty-four (24) hours prior to the commencement of blasting and/or detonation to the Township and to the occupants of all properties within a radius of one thousand feet (1,000') of the location of the blasting and/or detonation. In addition, notice shall be given to the regional fire department, police department and all sensitive business ventures.

d) All blasting and/or detonation operations shall be conducted by a licensed contractor. A copy of the license and certificate of insurance shall be provided to the Township at least twenty-four (24) hours prior to the commencement of blasting.

e) The storage of explosives shall be in accordance with all pertinent federal, state and local laws.

The applicant, authorized by owner, certifies that all information on this application is correct and the work will be performed per the Amity Township Ordinances.

I hereby certify the code administrator and code inspectors shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent

Print name of Owner or Authorized Agent

Date