



P.O. Box 310
Grover, Missouri 63040

Fire Protection District
of St. Louis County

(314) 458-2100
Fax 458-2199

Application for Blasting Permit

Type or Print

Applicant's Name: _____

Applicant's Address: _____

Blaster's Business Name: _____

Blaster's Business Address: _____

Blaster's Phone Number: _____

Blaster's Pager or Cell Phone Number: _____

Name of Blaster: _____

Blaster's Certificate Number: _____

Blaster's After Hour Number: _____

General Contractors Name: _____

General Contractors Address: _____

General Contractors Phone: _____

Blasting Location: _____

Blasting Start Date: _____ Blasting End Date: _____

Materials Used: _____

Number of Charges: _____

Detonation Method: _____

THERE SHALL BE NO EXPLOSIVES STORAGE ON SITE WITHOUT PRIOR APPROVAL OF FIRE MARSHAL

Applicant's (print) _____ Signature: _____

For Office Use Only

Permit No. _____ Issued by: _____ Date: _____

Fee \$ _____ Received by: _____ Date: _____

Check No. _____ Cash _____

Remarks/Special Conditions _____