

District No. _____

**Boston Fire Department
Application for Blasting Permit**

Date of Application: _____

Blasting Applicant: _____

Blasting License No: _____ Expiration Date: _____

Home Street Address: _____ Phone No: _____

City: _____ State: _____ Zip: _____

Blasting Company: _____ Phone No.: _____

Street Address: _____ Phone No: _____

City: _____ State: _____ Zip: _____

Location of Blasting: _____ District: _____

Date From: _____ Date To: _____

Distance to nearest Building: _____

Distance to Nearest Public Highway: _____

Kind of Explosive to be used: _____ Amount: _____
(Brand and Description)

Explosive purchased from: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Bond: _____ Company: _____

I/we have a copy of the current Regulations of the Commissioner of Public Safety in relation to explosives and City of Boston Ordinances of 2000 Chapter 6 relative to blasting regulations in the City of Boston, and agree to notify the District Chief of the Boston Fire Department, District _____ 2 hours prior to blasting by telephoning 617-343-2880.

(Signed) _____
Applicant

Permit No: _____

