



Blasting Site Permit Application

(540) 459-6177 voice
(540) 459-6192 fax

Applicant

Name: _____ Phone: _____

Social Security Number: _____ Email: _____

Business Name: _____ Phone: _____

City, State, Zip: _____

Date planned to start blasting operations: _____

Maximum amount and type of explosives on site at any time:

Permit Holder

Name of person in charge blast site and Cert #: _____

Permit Location (911 address) : _____

Contact Numbers for Person in charge:
Phone: _____ Cellular: _____ Email: _____

A copy of DPOR Certification and Blaster Certification card is required before permit will be issued.

Permit fee of \$10.00 must be paid before permit will be issued. Checks shall be made payable to Shenandoah County Treasurer.

I hereby certify that the forgoing information in this application is true and correct to the best of my knowledge. I also hereby understand that I must comply with all state and county burn laws and regulations. I also understand that non compliance can result in being charged with a Class 1 misdemeanor.

Signature: _____ Title: _____ Date: _____
Applicant's signature

Applicant must have a drawing of directions to the site and the exact location on the property where the blast will take place.

Drawing

