



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

## Application for Storage of Explosives and Blasting Agents

### Location

Storage Site Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Email Contact: \_\_\_\_\_

### Business

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Nighttime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Nighttime Phone: \_\_\_\_\_

### Explosive/Blasting Information

Magazine #1 Contents:

Dynamite: \_\_\_\_\_ lbs

ANFO: \_\_\_\_\_ lbs

Blasting Caps: \_\_\_\_\_ lbs

Other (list): \_\_\_\_\_

Maximum Stored: \_\_\_\_\_ lbs/count

Magazine #2 Contents:

Dynamite: \_\_\_\_\_ lbs

ANFO: \_\_\_\_\_ lbs

Blasting Caps: \_\_\_\_\_ lbs

Other (list): \_\_\_\_\_

Maximum Stored: \_\_\_\_\_ lbs/count

**Attach the following to your permit application: Certificate of Insurance and Blasting Certificates.**

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

I hereby certify that the foregoing information is true and correct to the best of my knowledge and I meet the minimum requirements of the Virginia Statewide Fire Prevention Code to be responsible for the lawful storage of the above mentioned materials. I also understand that noncompliance can result in being charged with a Class 1 misdemeanor.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_