

Blasting Permit Application

Please email your application to: dosengineering@squamish.ca

Civic Address where blasting will occur (Street No. & Name): _____
Applicant's Full Name: _____
Mailing Address – Street No. & Name: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Email: _____

DETAILS OF USE:

Explosives will be used for the following purposes at the Civic Address noted above:

1. _____
2. _____
3. _____

Work will **commence** on this date: DD / MM / YYYY and **end** on this date: DD / MM / YYYY

Blasting will occur between these hours each day: **Start Time:** _____ am / pm (circle)
End Time: _____ am / pm (circle)

I submit herewith the following:

1. Valid Provincial Blasting Certificate with respect to above ground blasting
2. Original or photocopy of valid liability insurance in an amount of not less than One Million Dollars (\$1,000,000.00) with the District of Squamish being named as co-insured by endorsement of the policy.

Additional Conditions of Permit: _____

I hereby acknowledge the following:

1. All blasting work meets or exceeds WCB Regulations;
2. 48 hours written notice delivered in writing to each property adjacent to the blasting location;
3. Blasting mats will be used with each blast;
4. This permit is only valid for a maximum of 30 days after issuance; and
5. District Staff may request a map of the proposed blasting area.

As a condition of this permit being issued, I hereby agree to comply with all bylaws of the District Municipality and any order issued by an official of the said District Municipality.

Signature of Applicant

DD / MM / YYYY
Date

OFFICE USE ONLY:

Blasting Certificate valid: No Yes Insurance valid: No Yes

Signature of Engineering Staff: _____ Date Permit Issued: DD / MM / YYYY