



CABARRUS COUNTY FIRE MARSHAL'S OFFICE
APPLICATION FOR BLASTING PERMIT

Date of Application: _____ / _____ / _____

Occupancy Name: _____

Blasting Site Address: _____

City: _____ Zip Code: _____

Name of Person Applying for Permit: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: (_____) _____

Blasting Date(s): From _____ / _____ / _____ to _____ / _____ / _____

PERMIT FEE: \$150.00 (VALID FOR 90 DAYS)

Office Location (Standard Mail)

Cabarrus County Fire Marshal's Office
30 Corban Avenue SE Suite FM601 (PO Box 707)
Concord, NC 28025 (28026)
(704) 920-2143

PERMIT GUIDELINES

1. Permit is to be used only for the listed site.
2. Permit limitations and conditions shall be adhered to at all times.
3. Permit is valid only for the person/firm to whom it is issued.
4. Blaster's credentials, copy of liability insurance and map of blast site must be submitted at time of permit application.
5. Blasting operations and explosive materials storage and handling shall be in accordance with the current edition of the NC Fire Code and NFPA Standards.

**NOTICE: PERMIT WILL BE REVOKED FOR FAILING TO FOLLOW ABOVE GUIDELINES
OR PROVIDING FALSE INFORMATION IN THE PERMIT APPLICATION.**

**BLASTER SHALL NOTIFY CABARRUS COUNTY COMMUNICATIONS AT (704) 920-3000
EACH DAY PRIOR TO BLASTING OPERATIONS.**