

APPLICATION FOR PERMIT-EXPLOSIVE BLASTER

**DETROIT FIRE DEPARTMENT
FIRE MARSHAL DIVISION**
250 W. Larned Street, Detroit, Michigan 48226
Phone: 313-596-2931 Fax: 313-596-2978

For Office Use Only App. #: _____ Permit #: _____ Permit Class: A Unlimited all types _____ B General aboveground _____ C General underground _____ D Demolition _____ G Special _____

PLEASE TYPE OR PRINT LEGIBLY:

1. Name of person applying on behalf of applicant: _____
2. Position: _____
3. Applicant Business/Company Name: _____
4. Business Address: _____
5. Office Phone: _____ Alternate Phone: _____ Fax: _____
6. Site (Permit Location) Address: _____
7. Site Operational Building (square feet) where materials are stored/used: _____
8. On a separate sheet, describe, with specificity, the business operation/activity at Site.

9. List material(s) and amount(s) for which permit is requested at this Site (attach separate sheet, if necessary):

10. Attach plans/drawings detailing where and how the materials will be stored on the premises.
11. Attach a copy of the applicant's current valid state driver's license and training certifications in the use of explosive materials.
12. Attach a copy of your current valid Detroit Fire Marshal, Blaster Certificate of Fitness :
13. Attach a current copy of the certificate of insurance for the business operations of the entity requesting this permit.

AFFIDAVIT OF APPLICANT

State of Michigan)
County of _____) ss

_____ first being duly sworn deposes and says that all of the information provided to the City of Detroit on this application is true, complete and correct, and that any misstatement, falsification, omission, or misrepresentation shall be grounds for refusal to grant, or revocation of the permit. I agree to a criminal background check by the issuing Authority or his/her designee.

Signature: _____ Date: _____

Executed and sworn to before me this _____ day of _____, _____.

Print Name: _____, Notary Public, _____ County

My Commission expires: _____