

## **SAN DIEGO COUNTY SHERIFF'S OFFICE**

## **LICENSING DIVISION**

9621 Ridgehaven Court, PO Box 939062 San Diego, CA 92193-9062



## **APPLICATION FOR EXPLOSIVES PERMIT**

Initial Fee: \$741.00	Renewal Fee: \$	5507.00		FILE # <u>EP</u>			
(Plus applicable State							
(FEES ARE NON-REA IN ADDITION TO T		PLICANT BACK	GROUND APPLICATIO	N, YOU MUST SUBMIT TI	HE FOLLOWING		
ADDENDUM APPL			ORO CAVE AND ELECTRIC	iii, ioo mesi sesimii ii	IL I OLLO // II VG		
[ ] ATF License [ ] Hazardous M [ ] Hazardous T [ ] Handlers/bla [ ] Parcel Numb	e Materials Permit ransportation Licens ster background app	e issued by CHP lications (each "b ation(s) if storing	if transporting laster" must have Cal-OSI , including, if in any incor	sponsible person (§12101 H& HA State issued Blasters ID) porated city	:S)		
(Print or Type only) Business/Company N	Name:			Bus Phone #			
Mailing Address:	Number	Street	City	State	Zip		
Mailing Address:	Number	Street	City	State	Zip		
Name of owner(s) of Responsible person i	premises where bla (If the applican n direct control and	nsting will occur:  It is not the owner  Id/or managemen	of the company, written p	complete a General Applicati  Contact # Contact#  Permission from the owner must contact from the owner m	ust be attached)		
				Cell #	<del>-</del>		
	Operate Term	inal	-	Receive Explosives			
Type of Explosives u	sed:			Quantity (total)	lbs.		
Type of Explosives u	sed:			Quantity (total)	lbs.		
				Quantity (total)	lbs.		
Type of Magazine us	sed for storage		·				
Selling/Storing Smol	keless only	(licensed	gun store/gunsmiths)				
Store name and	l address:						
			sed gun store/gunsmiths)				
Store name and	l address•						

TRANSPORT					
If transporting, list v	ehicle(s) used for transpo	ortation of explosives:			
Yr	Make	Model	Color	Lie	e #
Yr	<b>Make</b>	Model	Color	Lic	c #
Yr	Make	Model	Color	Li	e #
Travel Routes and St	topping Places:				
STORAGE					
* Complete this section	on if storing explosives. P	er Section 35.102 of t	he San Diego Coun	ty Code of Regula	tory Ordinances, all
Type I explosive mag	gazines must be equipped	with a Direct Dial ala	arm system to auto	matically transmit	a signal to an alarm-
response company.					
Storage Location (inc	cluding Off-site Storage I	Location) Parcel(s) #			
Number FIRE DISTRICT	Street		City	StateContact #	
TRUE AND CORRISTATEMENTS OR ALL THE REQUIRE	Y UNDER PENALTY OF ECT TO THE BEST OF INFORMATION ARE OF ED NOTICES, UNLESS TION. THE RIGHT OF I	F MY KNOWLEDG GROUNDS FOR DE OTHERWISE SPEC	GE AND BELIEF. NIAL OF THIS A CIFIED, SENT BY	I UNDERSTAND PPLICATION. I U.S. MAIL TO TI	) THAT ANY FALSE AGREE TO HAVING HE ADDRESS GIVEN
SIGNATURE:			DATE:		
OFFICIAL USE:					
APPLICATION ACCEPTE	ED BY:	DATE	:		
{APPROVALS}					
<u>DPS – ZONING</u> [ ]	Approved [ ] Disappro	oved <u>L</u>	OCAL FIRE DEPAR	<u>TMENT</u> [ ] App	roved [ ] Disapproved
By:	Date:	B	By:	Date:	
Reason:	Code section:	R	eason:	Code section	1
SHERIFF BOMB/ARS	<u>ON</u> [ ] Approved [ ]	Disapproved <u>S</u>	HERIFF Background	<u>ls</u> [ ] Approved	[ ] Disapproved
By:	Date:	<del></del>	Ву:	Date:	

Reasons: \_\_\_\_\_ Code Section: \_\_\_\_

Reason: \_\_\_\_\_Code Section: \_\_\_\_\_