



SAN DIEGO COUNTY SHERIFF'S OFFICE

LICENSING DIVISION

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



APPLICATION FOR BLASTING PERMIT

FILE # EP

IN ADDITION TO THE INDIVIDUAL BACKGROUND APPLICATION, YOU MUST SUBMIT THE FOLLOWING ITEMS:

- ☐ State Blaster's Permit – Cal-OSHA Blaster's Permit
- ☐ Certificate of Insurance
- ☐ Parcel Number(s) of blasting location
- ☐ State COE
- ☐ Site map for each blasting location
- ☐ Other _____

(Print or Type only)

Name of Company Requesting Blasting Service: _____

Company Phone # _____

Local Company Address: _____
Number Street City State Zip

Local Mailing Address
for Permit Holder: _____
Number Street City State Zip

Local Office Phone # _____

Address Where Use is Requested: _____
Number Street City State Zip

Fire District: _____ Contact Name: _____ Phone # _____

Name of Person Responsible
For Conducting the Blasting: _____ Blasters Cell #: _____ ID # _____

BLASTING INSPECTOR INFORMATION

Name of Inspector: _____ Cal OSHA ID#: _____

Inspector's Cell #: _____ Minor blast ☐ Major blast ☐

Company Inspector works for: _____

Date(s) of Blasting Operation: From _____ to _____
From _____ to _____
From _____ to _____
From _____ to _____

Purpose of blasting: _____

Is the work being done related to a land development project: Yes ☐ No ☐

If yes, list the permit # _____

Attach map of property where explosives will be used depicting the following:

1. Size and shape of property
2. Exact location of explosives usage
3. Distances from point of usage to property boundaries
4. Exact location of any structures
5. Nearest public roadways
6. Parcel number(s)

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I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER CERTIFY THAT I UNDERSTAND AND WILL ABIDE BY ALL FEDERAL, STATE AND LOCAL LAWS, ORDINANCES, RULES OR ORDERS TO PERFORM THOSE ACTS NOTED HEREIN IF THIS PERMIT IS ISSUED. I UNDERSTAND THAT ALL UNUSED INVENTORY COVERED BY A PERMIT WILL BE DISPOSED OF ON OR BEFORE THE PERMIT EXPIRATION DATE BY:

____ Returning to source ____ Totally destroying ____ Surrendering to issuing authority ____ Applying for a new permit

SIGNATURE: _____ DATE: _____

OFFICIAL USE:

APPLICATION ACCEPTED BY: _____ DATE: _____

STEP 1 FOR FIRE DEPARTMENT USE ONLY ☐ Approved ☐ Disapproved

By: _____ **Date:** _____

Reason: _____ Code section: _____

STEP 2 SHERIFF – BOMB/ARSON [] **Approved** [] **Disapproved**

By: _____ **Date:** _____

Reason: _____ Code section: _____

STEP 3 SHERIFF SUBSTATION ☐ Approved ☐ Disapproved

By: _____ Date: _____

Reason: _____ Code section: _____

STEP 4 SHERIFF'S SUPERVISOR ☐ Approved ☐ Disapproved

By: _____ **Date:** _____

Reason: _____ Code section: _____

STEP 5 DEPARTMENT OF PUBLIC WORKS

Notification Date: _____