

APPENDIX A

Town of Bow, New Hampshire
BLASTING APPLICATION-PERMIT
(Please Type or Print Legibly)

Applicant: _____
(Name) _____ (Daytime Phone) _____

(Address) _____ (City) _____ (State) _____ (Zip) _____

NH State License #: _____ Expiration Date: _____

Blasting Supervisor: _____
(Name) _____ (Daytime Phone) _____
(Address) _____ (City) _____ (State) _____ (Zip) _____

Cert. of Competency #: _____ Expiration Date: _____

In accordance with the rules and regulations of the State of New Hampshire, and the
Town of Bow, the above named Applicant hereby requests permission to conduct
BLASTING OPERATIONS at the following location:

(Tax Map & Lot Number) _____ (Dates of Detonation) _____

Applicant hereby agrees to notify the Bow Fire and Bow Police Department one (1) hour prior to each scheduled blast. Applicant, by signing, hereby attests that the following documents, required by the Town of Bow's Ordinance Governing Blasting and/or Explosive Demolition have been properly submitted with this application, and that all information contained herein or attached hereto is true and correct to the best of his/her knowledge.

1. Copy of Applicant's license, issued by State Police pursuant to RSA 158:9-b.
2. Map depicting location of blasting, monitors and all properties within 1000' feet thereof.
3. A listing of owners of all properties identified.
4. A letter of permission from the property owner.
5. Evidence of liability insurance.

Approval of the blasting permit will not relieve the applicant of full and complete responsibility for the results of the blasting operations. The applicant has full responsibility for the accuracy and adequacy of the blasting plan when implemented in the field.

(Applicant's Signature) _____ (Date) _____

For Municipality Use Only

Permit No.: _____

Issue Date: _____ Expiration Date: _____

Building Department _____ Fire Chief or designee _____

12/22/2015