



CITY OF RICHMOND  
Division of Codes, Planning, Safety & Risk Management

## Blasting Permit Application

<b>Address of project:</b>		Lot #:	Zone:
<b>Owner:</b>		Telephone:	
Owner's Address:	City, State & Zip:		
<b>Contractor:</b>		Telephone:	
Contractor's Address:	City, State & Zip:		
<b>City of Richmond Business License #</b>			
<b>Contact Person:</b>		Telephone:	
Email:	Fax:		

### Required Documents to be Submitted with Application:

State Blasting Permit

General Liability Insurance Certificate

Hazardous Materials Plan

Blasting Plan

List of Sub-contractors

I certify that the above information is true and correct. I agree to comply with all applicable codes and requirements enforced by the City of Richmond.

Signature - owner or agent / date

Rev. 08/27/19