



**Town  
of  
Brookline, New Hampshire**

**Fire Department Inspection services**  
Phone (603) 672-8531 X 230 Fax (603) 672-8538

- Residential
- Commercial

Permit#: \_\_\_\_\_

Fee: \_\_\_\_\_

### Blasting Permit

The undersigned hereby applies for a permit to conduct Blasting Operations, in compliance with RSA 31:39(e) and (n), RSA 153:5, RSA 154:18, RSA 155:20, RSA 158:9(f) II, NFPA 1, 495, The Town of Brookline Blasting Ordinance, Chapter 4 of the Brookline Fire Department Fire Code Handbook, Saf-C 1600 and all other codes set forth by the state Fire Marshal and adopted by the Town of Brookline

Date: \_\_\_\_\_ Blasting Location: \_\_\_\_\_ Lot: \_\_\_\_\_

Property owner: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose for Blasting:

New Sub Division     New Road     Building Foundation

Other: \_\_\_\_\_

**Permit is valid for 30 days from the date of issuance**

Initial Permit     Renewal

#### Blasting Company Information

The above listed Blaster certifies that all information is correct and that all pertinent State and Town ordinances/ Codes will be complied with in performing the work for which this permit is issued. Furthermore the above blasting operations are subject to the requirement of a Fire Department detail as per the fee schedule. **The above installer also understands that it is his/her responsibility to call and schedule an inspection if applicable.**

Installer: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Tel# \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

The following documents shall be provided to the Fire Department upon application for this permit:

- Certificate of insurance (\$2,000,000 Minimum)
  - Blasters License to Transport
  - Copy of Certificate of Competency
- Letter of permission from the Property Owner of the Blasting Site
- Map of site depicting approximate location of the proposed blasting

When signed below by the Fire Chief or Designee, the application is a:

### Certificate of Permit

Permission is hereby granted to operate the above equipment/ appliances in compliance with state and local codes

Fire Chief or Designee \_\_\_\_\_ Date \_\_\_\_\_