



West Rockhill Township

1028 Ridge Road
Sellersville, PA 18960
215-257-9063
Fax 215-257-0701

www.westrockhilltownship.org

BLASTING/ EXPLOSIVES USE PERMIT APPLICATION

The applicant shall submit the following information with each application: **application fee of \$100.00**, a copy of the **Certificate of Insurance**, indicating compliance with PA Act 44 of 1993 regarding Workers' Compensation, Liability Insurance with West Rockhill Township identified as Certificate Holder and Additional Insured. Do not send cash, please make checks payable to West Rockhill Township. Please see "Required Attachments" section for other required information.

1. JOB SITE INFORMATION

Street Address	Town	Zip	Tax Parcel # (s)	Zoning District
Parcel Use: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Utility <input type="checkbox"/> Commercial <input type="checkbox"/> Quarry <input type="checkbox"/> Other _____			Subdivision Name	Lot Number(s)

2. OWNER INFORMATION

3. CONTRACTOR INFORMATION

Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ Email: _____	Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ Email: _____
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4. CONTACT PERSON

Name: _____ Title: _____ Address: _____ Phone: _____ Email: _____ City/State/Zip: _____
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5. STATE BLASTER'S LICENSE INFORMATION

PA State Blaster's License No. :	Expiration Date:
Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Developer <input type="checkbox"/>	Company Name:
Name:	
Street Address:	City/State/Zip:
Phone:	Fax:

6. PROJECT INFORMATION

<u>Work Type</u>		
<input type="checkbox"/> Grading	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Site Development
<input type="checkbox"/> Water Line	<input type="checkbox"/> Utility Trench	<input type="checkbox"/> Mining/Quarry
<input type="checkbox"/> Install Storm	<input type="checkbox"/> Other _____	

7. EXPLOSIVE INFORMATION

<u>Explosive Type</u>	
<input type="checkbox"/> Dynamite	<input type="checkbox"/> Check Box 22
<input type="checkbox"/> Ammonium Nitrate	
<input type="checkbox"/> Other _____	

8. DESCRIPTION OF WORK

9. REQUIRED ATTACHMENTS

<input type="checkbox"/> Explosives Use Plan	<input type="checkbox"/> State DEP Blasting Activity Permit
<input type="checkbox"/> Valid Certificate of Insurance	<input type="checkbox"/> List of all property owners within 1,000 ft. from blasting area (Applicant is responsible for notification of property owners)
<input type="checkbox"/> Explosives Use Schedule * Required 5 days before blasting	

10. SIGNATURE OF APPLICANT & DATE

_____	_____
Signature	Date

I/we, hereby certify that the statements contained herein are true and correct, to the best of my/our knowledge and belief. I/we understand that if I/we knowingly make a false statement herein, I/we am/are subject to such penalties as may be prescribed by law and/or Ordinance.

I/we authorize West Rockhill Township to obtain any information that may be required for the township to verify statements contained within this application, all information shall remain the property of West Rockhill Township.

West Rockhill Township Use:

FEE ENCLOSED: \$ _____ Check Number: _____