VILLAGE OF COTTAGE GROVE
APPLICATION FOR PERMIT TO BLAST

Date Submitted:		Village of Cottage Grove	Dane County
Prime Contractor Name:		Blasting Contractor Name; Operator:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Phone (include area code):		Phone (include area code):	
Cottage Grove Fire Department		Name of Blaster in Charge of Job Site:	
Cottage Grove	(608)839-4543	WI Blaster's License Number:	Class:
Estimated Blasting Start Date:		Estimated Blasting Finish Date:	
Name and Address of Insurance Carrier Providing Blasting Coverage on this job: (Attach Insurance Certificate/Proof of Insurance)			
Type of Project:		Location Where Explosives Used: (Attach Plan of Operation)	
Estimated Distance To: 1. Nearest Inhabited Building: Type of Building:		2. Nearest Public Highway:	
Typical Overburden Type:		Estimated Depth of Overburden:	
Type of Matting Used:			
Typical Drilling Pattern:		Typical Hole Diameter:	Estimated Hole Depth:
Proposed Delay System:	Estimated Max. lbs. Per Delay:	Estimated lbs. And Type of Explosives on Job Site at Given Time:	

I will comply with Wis. Admin Code Chapter Comm 7 Explosive Materials. (Code Available at Commerce Website)

FAILURE TO ADHERE TO THE ADMIN. RULES MAY BE CAUSE FOR REVOCATION OF BLASTER'S PERMIT

Blaster/Operator's Signature: _____ Date Signed: _____

Signature of Responsible Party: _____ Date Signed: _____

Approved / Not Approved Date _____

Signature of Authorized Village Representative _____