



**CITY OF STAUNTON  
VIRGINIA  
FIRE MARSHAL'S OFFICE**  
302 Grubert Ave.  
Staunton, Virginia 24401  
(540) 332-3720 Fax (540) 332-3719



**APPLICATION FOR EXPLOSIVES USE / STORAGE**

\_\_\_\_\_ Date

Applicants Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (Evening): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ DPOR License# \_\_\_\_\_

Property Owners Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (Evening): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Operation Applying For: \_\_\_\_\_ Use of Explosives  
\_\_\_\_\_ Storage of Explosives

Purpose for Explosives Use:  
\_\_\_\_\_

Project start date: \_\_\_\_\_ Project completion date: \_\_\_\_\_

Certificate of Insurance: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Geographic Location of Explosives Use:  
\_\_\_\_\_  
\_\_\_\_\_

Type and DOT classification of explosives to be used:  
\_\_\_\_\_  
\_\_\_\_\_

Geographic Location of Explosives Storage:  
\_\_\_\_\_  
\_\_\_\_\_

**Magazine Information**

<b>Magazine for explosives</b>	<b>Magazine for Detonators</b>
IME Type magazine (Type 1,2,3,4 or 5)	IME Type magazine (Type 1,2,3,4 or 5)
Serial number of magazine	Serial number of magazine
Maximum amount of explosives to be stored in magazine	Maximum number of detonators to be stored in magazine
Type of explosive material to be stored	Type of detonators to be stored

DOT Classification of explosives	DOT Classification of detonators
Magazine barricaded? ___ YES ___ NO	Magazine barricaded? ___ YES ___ NO
Distance (in feet) from nearest occupied building	Distance (in feet) from nearest occupied building
Distance (in feet) from nearest magazine	Distance (in feet) from nearest magazine

List all certified blasters who will be operating at this site:

Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I HEREBY ACKNOWLEDGE, that the information contained herein, and DECLARE that it be true and correct, to the best of my knowledge and belief. Further, I am the OWNER/OPERATOR, or a duly authorized AGENT acting on behalf of the OWNER, for all activities at the above referenced property or location. As such, I hereby agree to comply fully with all requirements Virginia Statewide Fire Prevention Code and the City of Staunton Fire Prevention Code governing the operation I wish to conduct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY

\_\_\_\_\_  
 Site Inspection Date                      Date Issued                      Expiration Date

Application: \_\_\_ Approved \_\_\_ Disapproved By: \_\_\_\_\_  
 Date: \_\_\_\_\_ Fire Official

Comments/Conditions:  
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 \_\_\_\_\_  
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