



## **Fire Marshal Division**

P.O. Box 370 Lillington, NC 27546 910-893-7580

## **Application for Blasting/Explosives Storage Permit**

Appli	olication #	Date	e of Application://	
Appli	licant:			
Billin	ing Address:			
City _	·	State	Zip	
Conta	tact	Contact Phone #		
Locat	ation of Blast/Storage Site			
City _		State	Zip	
Start	t Date/ Con	npletion Date		
issua permi must	ance of the permit. Please allo nit may be issued: 48 hour perm	w (7-10) working nit for ( 35.00 ) an	to Central Permitting prior to the days for processing. Two types of day permit for (100.00) Fees llowing items are required to be	
1 2	Certificate of Insurance or have a current certificate on file in our office. List of materials to be used on site. If storage of materials is proposed on site, provide a site plan indicating the location of storage magazines and distances to. inhabited buildings, public roadways and separation of multiple magazines			
3	Provide information on magazine types to include amount and type of explosives to be stored in each.			
	Jeff Kent Dicant Signature		/	
Appli	licant Signature		Date Date	







