



Fire Marshal Division

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

Application for Blasting/Explosives Storage Permit

App	pplication #	Date of Application://
App	pplicant:	
Billi	illing Address:	
City	ity	State Zip
Con	ontact	Contact Phone #
Loca	ocation of Blast/Storage Site	
City	itys	State Zip
Start	art Date/Completion	Date/
perm Fees	suance of the permit. Please allow (7-10 ermit may be issued: 72 hour permit for (\$ ees must be paid prior to issuance of any persubmitted with this application: Certificate of Insurance or have a cu	returned to Central Permitting prior to the working days for processing. Two types of \$100.00) and a 90 day permit for (\$200.00) permits. The following items are required to urrent certificate on file in our office.
2	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		ypes to include amount and type of explosives
		/
Applicant Signature		Date