



Reviewed for Fire Code Compliance



Leslie Jackson

01/24/2024 9:59:51 AM

Fire Marshal Division

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

Application for Blasting/Explosives Permit

Application # _____ Date of Application: 01 / 22 / 24

Applicant: East Coast Drilling & Blasting _____

Billing Address: 481 Airport Rd _____

City Louisburg _____ State NC__ Zip 27376 _____

Contact Joe Dobeck _____ Contact Phone # 919-902-8291

Applicant Email: jdobeck@eastcoastrilling.com

Location of Blast/Storage Site Purfoy Rd "Eagle Creek Subdivision"

City Fuquay Varina _____ State NC Zip 27526 _____

Start Date 02 / 05 / 24 Completion Date _05 / 22 / 24_

This application must be completed and returned to Central Permitting prior to the issuance of the permit. Please allow (7-10) working days for processing. Two types of permit may be issued: 72 hour permit for (\$100.00) and a 90 day permit for (\$250.00) Fees must be paid prior to issuance of any permits. The following items are required to be submitted with this application:

- 1 Certificate of Insurance or have a current 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 Provide information on magazine types to include amount and type of explosives to be stored in each.

Joseph M. Dobeck
Applicant Signature

_____/_____/_____
Date

Untitled Map
Write a description for your map.

Legend
Eagle Creek
Eagle Creek





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/24/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 2301 Sugar Bush Road, Suite 600 Raleigh NC 27612	CONTACT NAME: Johnette Dent PHONE (A/C No. Ext): 919-788-2275 E-MAIL ADDRESS: Johnette.Dent@MarshMMA.com		FAX (A/C, No): 212-607-1139
	INSURER(S) AFFORDING COVERAGE		
INSURED East Coast Drilling & Blasting, Inc. 481 Airport Rd. Louisburg NC 27549	INSURER A: United States Fire Insurance Company		NAIC # 21113
	INSURER B: American Interstate Insurance Company		31895
	INSURER C: North River Insurance Company		21105
	INSURER D: Ascot Insurance Company		23752
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 2054430461

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			5069065635	5/1/2023	5/1/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			5069065635	5/1/2023	5/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			5821211547	5/1/2023	5/1/2024	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AVWCNC3177342023	5/1/2023	5/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Leased/Rented/Borrowed Equipment			IMMA231000166201	5/1/2023	5/1/2024	\$750,000	Per Item

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Harnett County
 Fire Marshal Division
 PO Box 370
 Lillington NC 27546

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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