

# TOWN OF CROSS PLAINS BLASTING PERMIT APPLICATION

1 PERMIT TYPE APPLIED FOR:

SHORT TERM [7 DAYS - \$ 100 FEE]      LONG TERM [12 MONTHS - \$ 250 FEE]

[Circle SHORT TERM or LONG TERM Permit - Application For Each Category MUST Be Made Separately]

2 LOCATION OF PROPOSED BLASTING \_\_\_\_\_

[Street Address, or Legal Description; NOT PO Box]

3 PURPOSE OF PROPOSED BLASTING \_\_\_\_\_

4 TYPE OF EXPLOSIVES TO BE USED \_\_\_\_\_

5 BLASTING METHODS TO BE USED \_\_\_\_\_

6 STORAGE MAGAZINE TYPE AND LOCATION \_\_\_\_\_

7 NUMBER OF BLASTS PROPOSED WITHIN THE NEXT 12 MONTHS \_\_\_\_\_

8 LANDOWNER(S) NAME(S) [Include Middle Initial] \_\_\_\_\_

[Name(s) of All Titleholders - Use Additional Sheet if Necessary]

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

[Home]

[Work]

9 RESPONSIBLE PARTY NAME [Include Middle Initial] \_\_\_\_\_

[Name of Permit Holder]

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
[Home] [Work]

IF PARTY IS REPRESENTING AN LLC OR ORGANIZATION, LIST IT HERE \_\_\_\_\_

10 LICENSED BLASTER NAME [Include Middle Initial] \_\_\_\_\_  
[Name of On-Site Representative of Blasting Company]

LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
[Home] [Work]

REPRESENTING \_\_\_\_\_  
[Name of Blasting Company, NOT Individual Blaster]

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
[Days] [Off-Shift]

I hereby agree to comply with ALL of the conditions detailed below. I further understand that any violation of these conditions may result in my being held liable for costs and other forfeitures identified in section 25.04 of the code of ordinances of the town.

RESPONSIBLE PARTY Signature \_\_\_\_\_

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

## **BLASTING PERMIT CONDITIONS**

1 The applicable fee of \$100.00 for a Short Term Permit, or \$250.00 for a Long Term Permit, shall accompany the permit application, and shall be paid to the town treasurer in U.S. Currency, money order or check payable to the Town of Cross Plains.

2 An indemnity bond, or certificate of liability insurance, in an amount specified by the town board, shall accompany the permit application and shall remain in full effect during the entire period the permit is valid.

3 The use and storage of explosives shall be in accordance with ch. ILHR 7, and shall be limited to the effective dates of this permit.

4 Prior arrangements for emergency services shall be made with the appropriate Fire Chief and EMS Director, as indicated below, in accordance with ch. ILHR 7.

[NOTE: To be initialed and dated by agency representatives, upon review and approval of arrangements. Permit is NOT valid until ALL approvals have been obtained.]

FIRE DEPT. \_\_\_\_\_ EMS \_\_\_\_\_

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### **FOR OFFICE USE ONLY**

\_\_\_\_\_  
**Approved**

\_\_\_\_\_  
**Denied**

\_\_\_\_\_  
**Signature of Town Clerk**

\_\_\_\_\_  
**Legal Review Completed [Required if Denied]**

\_\_\_\_\_  
**Signature of Town Counsel**