



PLUMSTEAD TOWNSHIP

5186 Stump Road,
 Pipersville PA 18947
 Phone: (215) 766-8914
www.plumstead.org

OFFICIAL USE ONLY	
Date Rec.:	_____
App Fee Paid:	_____
Check #:	_____
Receipt #:	_____

BLASTING PERMIT APPLICATION

Permit #: _____

Site Address: _____			TMP# _____		Primary Contact Person (check one)
Property Owner	Name				
	Address				
	Phone		Email		
Applicant	Name				<input type="checkbox"/>
	Address				
	Phone		Email		
Blasting Company	Name		# of Days Blasting:		<input type="checkbox"/>
	Address				
	Phone		Email		

REQUIRED INFORMATION

- A. **BLASTING LICENSE:** Township will require a copy of the Blasting/Blaster’s License
- B. **CERTIFICATE OF INSURANCE:** A written document certifying coverage and stating “Plumstead Township” as an additional insured.
- C. **PLANS REGARDING THE PROPOSED BLASTING OPERATION:** This includes location of explosives; types of explosives; areas affected by the blast; date and time of the blast; location of adjacent wells, water tables roads and utilities.
- D. **NOTIFICATION:** An operator **MUST** notify ALL adjacent Township property owners within 750 feet of the blasting site. Notice **SHALL** be given at least five (5) days prior to the commencement of blasting activities. The notice **MUST** include the following:
 - 1. Date and Time of Blast
 - 2. Purpose of Blasting Operation
 - 3. Location of Blasting Site
 - 4. Name of Party Responsible for the blasting operation, blasting license and certificate of insurance.
- E. **MONITORING:** May be required by the Fire Marshal in accordance with the blasting ordinance.

By signing this application, the applicant is certifying that he/she is empowered by the owner of the property to make an application on his/her behalf. I/we grant permission to any municipal representative of Plumstead Township to access the above property as stated within this application at any time, without an administrative warrant, to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above property complies with all Plumstead Township Ordinances.

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____

APPLICATION MUST BE COMPLETED IN FULL TO BE ACCEPTED / REVIEWED BY THE TOWNSHIP

To be Completed by Township Staff

Permit Submission Checklist

Blasting License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Certificate of Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Plans Regarding Blasting Operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the application signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Zoning District (circle one):

RP	RO	R-1	R-2	R-3	R-4	R-5		
MHP	VR	VC	C-1	C-2	C-3	LI	Q	

Reviewers	Signature	Date	Status
Fire Marshal			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Other			<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A

Reason for denial: _____

Date Permit Expires: _____

FEES

Blasting Fee	\$	Escrow	\$
Other	\$	TOTAL	\$