



ALBUQUERQUE FIRE RESCUE
FIRE MARSHAL'S OFFICE
724 SILVER SW
ALBUQUERQUE, NM 87102
(505) 764-6300

BLASTING PERMIT

APPLICANT'S NAME _____ PHONE _____

ADDRESS _____

BUSINESS NAME _____ PHONE _____

BUSINESS ADDRESS _____

LICENSE YES NO LICENSE NUMBER _____

LOCATION OF BLASTING _____
(Please provide a map detailing how to get to the blasting site.)

BRAND & TYPE OF EXPLOSIVES TO BE USED _____

BRAND & TYPE OF BLASTING CAPS TO BE USED _____

GENERAL DESCRIPTION OF BLASTING TO BE DONE _____

DATES OF BLASTING OPERATIONS _____

Bond or certificate of insurance as required by Ordinance No. 0-2013-014. Minimum amount \$2,000,000 copy to be attached to permit.

INSURANCE COMPANY _____ PHONE _____

POLICY NUMBER _____ AMOUNT _____

Blasting to be conducted weekdays between 10:00 a.m. to 4:00 p.m. Applicant will notify the Albuquerque Police Department Explosive Disposal Unit (505-768-2230) on days blasting is to be conducted.

The undersigned agrees to abide by Chapter 33 of the International Fire Code, Ordinance 0-2019-063 and Chapter 9 ROA 1994:s9-21-1.C.1.b and S9-21-1.D that apply to aforementioned blasting operation. List of residence being contacted.

APPLICANT SIGNATURE _____ DATE _____

APPROVED: _____ DATE _____

Albuquerque Police Department EOD Unit 505-274-0806, 400 Wyoming Blvd NE

APPROVED: _____ DATE _____

City Engineering Department 505-924-3999, 600 2nd St. NW, Plaza Del Sol

APPROVED: _____ DATE _____

Albuquerque Fire Rescue Fire Marshal's Office 505-764-6300, 724 Silver SW

NOTE: YOU MUST NOTIFY THE ALBUQUERQUE FIRE RESCUE (505-764-6300) TWENTY FOUR (24) HOURS PRIOR TO CONDUCTING ANY BLASTING OPERATIONS.