



**City of San Antonio  
San Antonio Fire Department  
Blasting and Explosives Permit Application**



NEW PERMIT

RENEWAL PERMIT

**SELECT TYPE OF PERMIT** BLASTER /HANDLER EXCAVATION PERMIT QUARRY BLASTING EXPLOSIVE STORAGE**REASON FOR BLASTING**
 Excavation   
 Swimming Pool   
 Septic   
 Utilities   
 Site Leveling   
 Short Term Blasting

**A. – Blaster/Handlers Permit.** This section applies only to those individuals applying for a permit to conduct blasting operations within jurisdiction. All questions must be answered.

|                         |                 |                 |  |
|-------------------------|-----------------|-----------------|--|
| First Name              | Last Name       | M.I.            | Provide a copy of valid Driver's License |
|                         |                 |                 |  |
| Address                 | City, State     | Zip Code        |  |
|                         |                 |                 |  |
| Home Phone              | Alternate Phone | Date of Birth   |  |
|                         |                 |                 |  |
| ID/Driver's License No. | Issuing State   | Expiration Date |  |
|                         |                 |                 |  |
| Company Name            | Company Address | City, State     | Zip Code                                 |
|                         |                 |                 |  |

**B. - New Applicants Only**

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever been convicted of a felony?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had a blasting permit, in any jurisdiction, revoked or suspended?<br>If YES, explain on a separate sheet of paper. | <input type="checkbox"/> | <input type="checkbox"/> |

**WORK HISTORY**

Years of experience in blasting: \_\_\_\_\_

Do you currently hold a permit or license in any other jurisdiction? \_\_\_\_\_

If Yes: Permit/License No.: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_

Please list any pertinent training related to blasting/demolition work. \_\_\_\_\_

|  |   |                            |                    |
|--|---|----------------------------|--------------------|
| <b>C. – Required for all Permits</b>   |   |                            |                    |
| <b>LIST THREE REFERENCES (Non-Relative)</b>  |   |                            |                    |
| Name   | Address                                   | Home Phone                 | Business Phone     |
|  |   |                            |                    |
| Name   | Address                                   | Home Phone                 | Business Phone     |
|  |   |                            |                    |
| Name   | Address                                   | Home Phone                 | Business Phone     |
|  |   |                            |                    |
| <b>D. – Quarry, Storage, &amp; Site Permits</b>  |   |                            |                    |
| <b>COMPANY MAKING APPLICATION</b>  |   |                            |                    |
| Business Name  | Address                                   | City, State                | Zip Code           |
|  |   |                            |                    |
| Agent Name   | Business Phone                            | Fax No.                    |                    |
|  |   |                            |                    |
| <b>LOCATION OF WORK TO BE DONE</b>   |   |                            |                    |
| Site/Facility Name   |   | Address                    |                    |
|  |   |                            |                    |
| Subdivision (if applicable)  | City, State                               | Zip Code                   | Phone No.          |
|  |   |                            |                    |
| <b>DESCRIPTION OF WORK TO BE DONE</b>  |   |                            |                    |
| <b>Estimated Start Date:</b>   |   | <b>Estimated End Date:</b> |                    |
|  |   |                            |                    |
|  |   |                            |                    |
| <b>E. - Blasting Information</b>   |   |                            |                    |
| _____  | Maximum Pounds of Dynamite per Hole       | _____                      | Insurance Provided |
| _____  | Maximum Holes per Slot                    |                            |                    |
| _____  | Maximum Total Pounds of Dynamite per Slot |                            |                    |
| Using a Maximum Depth of _____   | Per Hole                                  |                            |                    |
| <b>F. Certification</b>  |   |                            |                    |
| <p>I have read and examined this completed application and hereby certify that the information contained within it is true and correct, to the best of my knowledge. All provisions of law and ordinance governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I also understand that the installation of any of the work related to this permit application shall not proceed until approved plans are issued from the City of San Antonio.</p> |   |                            |                    |

I declare under the penalty of perjury that this application, including any documents submitted in support thereof, has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY:

|   |      |   |                                   |      |      |
|---|------|---|-----------------------------------|------|------|
| Date Reference Check completed: _____   |      | <b>COSA ID:</b> _____                     | <b>PERMIT NO.</b> _____           |      |      |
| Date Background Check Completed: _____  |      | Documents Attached:                       | YES                               | NO   |      |
| Written Test Scheduled for: _____       |      | Practical Evaluation Scheduled for: _____ |                                   |      |      |
| Written Test (Circle One):              | PASS | FAIL                                      | Practical Evaluation (Circle One) | PASS | FAIL |
| Recommend Permit Approval (Circle One): | YES  | NO  |                                   |      |      |
| Investigator/Inspector _____            |      | Date _____                                |                                   |      |      |