



**Building Department
Application for Blasting Permit**

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

For use by the Town of Blind River	
Permit Number:	Roll Number:
Date Received:	57-38-000-

Application submitted to : The Corporation of the Town of Blind River

A. Project Information

Location/ Street Address			
Length of Trench:	Depth of Trench:		
Width of Trench:	Nature of Soil:		
Permit Required for:			
<input type="checkbox"/> PAVED ROAD	<input type="checkbox"/> UNPAVED ROAD	<input type="checkbox"/> CURB	<input type="checkbox"/> HYDRO
<input type="checkbox"/> CURB	<input type="checkbox"/> BELL SERVICE	<input type="checkbox"/> GAS SERVICE	<input type="checkbox"/> UNPAVED ROAD
<input type="checkbox"/> SIDEWALK	<input type="checkbox"/> PAVED BLVD	<input type="checkbox"/> SEWER SERVICE	<input type="checkbox"/> WATER SERVICE
<input type="checkbox"/> PAVED BLVD	<input type="checkbox"/> NEW FOUNDATION	<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> REPAIRS
Additional Information:			

B. Applicant/ Person in Charge Applicant is : Owner Authorized Agent of Owner

Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con
Municipality	Postal Code	Province	E-mail
Telephone number	Fax	Cell	

C. Owner (if different from applicant)			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con
Municipality	Postal Code	Province	E-mail
Telephone number	Fax	Cell Number	

D. Blasting Contractor			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con
Municipality	Postal Code	Province	E-mail
Telephone number	Fax	Cell Number	

E. Declaration of Applicant	
I <input type="text"/>	declare that:
(print name)	
<p>1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p>	
<input type="text"/>	_____
Date	Signature of Applicant

**** Copies of all utility locates must accompany this application form for the application to be deemed complete. Copy of pre-blast report must accompany this application.**

Union Gas	1-888-401-6791	Bell	1-800-400-2255
Electrical Safety Authority	1-866-785-0209	Cable (East Link)	1-800-667-2894 Ext.2264
Blind River Public Works	1-705-356-2601		