



Planning and Development Department

Commercial Explosives and Pyrotechnics Permit Application

Applicant Name _____ Phone _____ Email _____

Project Address _____ City _____ NC ZIP _____

Subdivision or Project Name _____ Lot Number _____

Project Contact Person _____ Phone _____ Fax _____

Email _____ Contact preference: Phone Fax Email

Property Owner _____ Phone _____ Email _____

Address _____ City _____ State _____ ZIP _____

Additional Site Instructions _____

Description of Work _____

Proposed Use _____

PLANNING DEPARTMENT APPROVAL

Type of Specialty: Storage Manufacturing Use Sales

Type of Discharge: Aerial Ground Underground

EXPLOSIVES AND PYROTECHNICS INFORMATION

Type of Explosives/Pyrotechnics Used _____ Classification _____ Number of Devices _____

Largest Shell Size _____ Explosive Size _____ Site Plan Submitted _____

Minimum Bond Requirements Submitted _____

1. Signed Agreement from owner is required.

EXPLOSIVES AND PYROTECHNICS LICENSE INFORMATION

1) Contractor (Company Name) _____ Phone _____

2) Address _____ City _____ State _____ ZIP _____

3) License Number _____ Expiration Date _____ Classification _____

4) Email _____

APPLICANT STATEMENT

I hereby certify that all information in this application is correct and all work will comply with the State Building code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Name (print) _____

Signature _____

Date _____