



BLASTING NOTIFICATION

City of Lebanon
Engineering Department
200 Castle Heights Avenue North
Suite 300
Lebanon, Tennessee 37087
(615) 444-3647

Check One:

New Work:
Renewal:

Copies to:	Water/Sewer Dept.
	Gas Department
	Fire Chief
	Police/Public Safety
	Project File

Application Date: _____

Expiration Date: _____ (Renewal Required after One (1) Year)

Project Name: _____

Project Location: _____

Anticipated Start Date: _____ (Minimum 5 days after notification date)

Anticipated Completion Date: _____

Actual Completion Date: _____ (City to be notified when blasting operations cease)

Reason for Blasting: _____

Name of Blasting Contractor: _____

Address: _____

24-Hour Contact and Phone: _____

Check if Applicable:

Onsite Storage:

Overnight Storage:

Checklist (Attach Copies):

Blaster's Current Certificate of Insurance:

Federal License of Purchaser: (if onsite storage is planned)

Handler's Card and Driver's License:

The undersigned applicant hereby agrees to comply with all applicable requirements prescribed by T.C.A., the Standard Fire Prevention Code, and the National Fire Code as adopted by the State of Tennessee and the City of Lebanon. This document in no way releases the holder from any liability nor authorizes any practices that are unsafe, malicious, or that violate any law or ordinance, either Federal, State, or local. A copy of this document must be kept on the jobsite during blasting and/or related operations. The City of Lebanon reserves the right to stop blasting operations on this project if the safety of the general public and/or city facilities is endangered until the situation is mutually resolved.

Signature of Responsible Party: _____

(Contractor/Blaster)

Print Name/Title: _____

Reviewed by: _____

(City Representative)

Print Name/Title: _____