



DISTRICT OF PORT EDWARD

BLASTING PERMIT

I/We _____ hereby make application for a
Blasting Permit for the purpose of blasting on _____
_____ (legal description/civic address)

subject to all of the conditions contained in the District of Port Edward Blasting Bylaw No. 315,
1993 and amendments thereof. The responsibility of the person holding this permit is in no way
limited thereby in respect of any loss, injury or damage he or they may cause by blasting
operations.

This permit issued on the _____ day of _____ 20____ and expires on the
_____ day of _____, 20____

Signature of Applicant

Fee: _____ (\$5.00 per seven day period)

Receipt No.: _____

Applicant's Workmen's Compensation Board Certificate No. _____

Applicant's Insurer and Insurance Policy No. _____

Copy of Blaster Certification Attached

Copy of Insurance Attached

Consolidated Copy of Bylaw No. 315 provided to applicant

*** Before Blasting occurs call Flight Services at (250) 627-5384 for notification**