



WARWICK TOWNSHIP
 Dept. of Planning & Zoning
 1733 Township Greene, Jamison, PA 18929
 Phone: (215) 343-6100
www.warwick-bucks.org

For Warwick Township Use Only

Check #:
 Check Amount:
 Received by:

BLASTING PERMIT APPLICATION

Permit #: _____

Site/Contact Information

Blasting Site Address/Location: _____			Primary Contact Person (check one)
Property Owner	Name		
	Address		
	Phone	Email	
Applicant	Name		<input type="checkbox"/>
	Address		
	Phone	Email	
Contractor	Name		<input type="checkbox"/>
	Address		
	Phone	Blasting License # Email	

Date Blasting is scheduled to start: _____ Date Blasting is scheduled to end: _____

Tentative Frequency of Blasting: _____

Blasting materials and quantities to be stored on premises: _____

How will materials be secured?: _____

Required materials to be submitted with this application:

- 1,000' Blast radius plan with list of properties notified
- 500' Pre-blast survey results
- Proof of newspaper publication (2x)
- Certificate of Liability Insurance (with Warwick Township listed as additional insured)

By signing this form, the applicant is certifying that he/she is empowered by the owner of the property to make an application on his/her behalf. The applicant also gives Warwick Township permission to access the property for inspections. Note that a pre-blast meeting with the Warwick Township Fire Marshal is required.

Print Name of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

To be filled in by Township Staff

Permit Submission Checklist

Permit Deposit. Amount: \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 copies of plot plan showing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. proposed location of blasting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Pre-blast survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notice of proposed blast published in newspaper (2x)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List of property owners within the blast notification radius	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificate of Liability Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the application signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TMP #:	51— _____ — _____	

Reviewers	Signature	Date	Status
Zoning Officer			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Fire Marshal			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Township Engineer			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Township Solicitor (cert. of ins. review)			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Other			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Reason for denial: _____

Fees
 Fire: \$ _____
 Other: \$ _____
 Total Fee charged: \$ _____