FORM # 2

CITY OF NORTH BAY APPLICATION FOR A PERMIT FOR BLASTING OPERATIONS

PERMIT #	PERMIT TYPE CODE: M40
DATE RECEIVED	DATE ISSUED
Project Location:	
Roll Number:	Receipt:
Property Owner's Name:	
Address:	
Email:	
Email:	
Contractor's Name:	
Telephone Number:	
Email:	
Brief description of blasting ope	ration proposed.
Conditions of Approval Prior to the issuance of a pe	ermit, the applicant shall deposit with the Chief
Building Official a valid Cert Insurance policy specifically coverage of \$2,000,000 (two Prior to the issuance of a peand file with the Chief Buildie Each application may require property line locations, and I/we agree to comply with T By-law and any amendment Blasting operations are to be	ificate of Comprehensive General Liability covering blasting operations with a minimum of million dollars) per occurrence. Frmit, the applicant shall be required to carry out, and Official a Pre-Blast Survey. The a site plan, drawn to scale, that indicates the proposed blasting area. The Corporation of the City of North Bay's Building
, , ,	y with the conditions on this application and I ents or representations contained therein.
Application submitted on this _	day of, 20
Sign	nature of Owner or Authorized Agent

Date Authorized Chief Building Official
Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for this Blasting Permit Application.

Questions about this collection or personal information should be directed to the City Clerk, 200 McIntyre Street East, North Bay (705) 474-0626, ext. 2510.