

TOWN OF RED CEDAR BLASTING PERMIT

Town of Red Cedar • Dunn County, Wisconsin • E6591 627th Avenue, Menomonie, WI 54751
Chairman - (715) 556-2244 • Clerk - (715) 556-5034 • FAX - (877) 353-4976
Email - clerktownofredcedar@gmail.com • Website - townofredcedar.com

PERMIT TYPE

☐-Short-Term (single event)

☐-Long-Term

☐-Extended Long-Term

PERMIT EFFECTIVE

PERMIT EXPIRES

DATE: _____ TIME: _____ to DATE: _____ TIME: _____

(This Permit is NOT valid unless fee is paid to the Town Clerk and
this application is signed by the Authorized Designee of the Town of Red Cedar.)

Applicant Information

Company Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Blaster Information

License Number: _____

(The following may be skipped if it is the same as the applicant information)

Company Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Operational Contact Information – (Person in charge of operation that blasting will be used to support)

Company Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Provide the following as attachments:

1. A map showing the location of the blasting site and a brief description of the operation at the site. Include on this map the location of all buildings located within 500 feet of the controlled blasting site, attaching the names, addresses and land phone numbers (if published or otherwise known by the applicant) of owners of those buildings.
2. Copies of all County and State permits that have been granted to the operator for whose operation blasting is giving support.
3. Proof of a Certificate of Insurance for a Commercial General Liability Policy.
4. A Pre-Blast site inspection report.
5. Copies of the Pre-Blast Report.

To be completed by the Applicant:

To the best of my knowledge, I certify that the information provided on this application, attached to this application, and all accompanying documents are true and accurate.

Applicant Signature: _____ Date: _____

Print or type applicant name (as signed above): _____

Blaster Signature: _____ Date: _____

Print or type blaster name (as signed above): _____

Applicant's signature on this application authorizes the Town of Red Cedar staff and its designees to enter the property to perform needed inspections. Entry will not require a prior notice.

Submit the required fee and five (5) paper copies and one electronic copy of this completed application form together with all additional documentation to the Town Clerk.

An application for a renewal of an existing permit shall be made 60 days prior to the expiration date of the existing permit.

DO NOT WRITE BELOW THIS LINE

PERMIT APPROVAL BY PERMITTING AUTHORITY

The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Town of Red Cedar Blasting Ordinance (2013-2).

Approved

By: _____
(Authorized designee of the Town of Red Cedar)

(Title)

(Date)

Fee Received: \$ _____
Check No.: _____
Receipt No.: _____
Date Permit Issued: _____
Permit No.: _____

NOTE: This application, when officially approved by the Permitting Authority, shall serve as the Permit required from the Town of Red Cedar. It is the responsibility of the applicant to obtain other permits that may be required from federal, state, and/or county agencies.