

TOWNSHIP OF PENN, YORK COUNTY

20 Wayne Avenue, Hanover, PA 17331 T: 717-632-7366 Fax: 717-632-2464

www.penntwp.com penninfo@penntwp.com

APPLICATION FOR TRANSPORTATION OF EXPLOSIVES

Peri		
A permit is hereby requested by		
to transport explosives/blasting age	nts for blasting purposes in conne	ection with work to be conducted at
Are you familiar with applicable law transportation and handling of expl		[] Yes [] No
Are all persons transporting explosi 21 year of age?	[] Yes [] No	
Is the vehicle used to transport exploperating conditions at all times?	[] Yes [] No	
Are proper placards, markings and transporting explosives, blasting ago of Transportation regulations?	[] Yes [] No	
	VEHICLE INFORMATION	
Year: Make:	Model:	Color:
V.I.N. #:	Registration Plate #:	
	GENERAL INFORMATION	
Job site/Destination:		
Comments:		

The equipment, processes, and operations involving the manufacture, possession, storage, sale, transportation and use of explosives and blasting agents shall comply with the applicable requirements of Article 30 of the Penn Township Fire Prevention ICC Code and shall be maintained in accordance with NFPA 495 and U.SA. DOT 49 CFR except as specifically exempted by Article 30 or where provisions of that Code do not cover conditions and operations. The permit shall remain in effect until expiration date or revocation. Permits are issued only for the location specified and are not transferable.

	Name of applicant (print)	Title
	Signature	Date
*********	***********	******
Official use only:		
Permit Approved: [] Yes	[] No Permit Expiration Date:	
	Doto	
Fire Code Official	Date:	
Comments:		



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APPLICATION FOR BLASTING PERMIT

Permit #:	
A permit hereby is requested by:	
to use explosives/blasting agents for blasting purpose in connec	ction with work to be conducted at:
	The following class permit
is requested (please check type):	
[] Unlimited [] General aboveground Quarries and open mine [] General underground Mines, shafts, tunnels, [] Seismic	trenches but limited to not more than 50#/ blast
Have you ever been or now are under indictment for or been convicted of a crime punishable by imprisonment?	[] Yes [] No
Are you a fugitive from justice?	[] Yes [] No
Are you an unlawful user of or addiction to narcotics or dangerous drugs?	[] Yes [] No
Do you advocate or knowingly belong to any organization or group that advocates violent overthrow or violent action against any federal state or local government?	[] Yes [] No
Are you familiar with the use of explosives/blasting agents for the purpose of this permit?	[] Yes [] No
I acknowledge that upon approval of the blasting permit I will advance of any activation of a blasting agent:	notify the following agencies 24 hours in
Penn Township Police Department Penn Township Fire Services Local Utility Companies All occupied properties within 200 yards of blas Please initial ackn	

Name:		Date of birth:				
Phone #						
Social Security #:		Operators Lice	Operators License:			
Address	Street or PO Box					
	Street or PO Box	Town	State	Zip		
Name of Firm:						
Address of Firm:		Town				
	Street or PO Box	Town	State	Zip		
Expected Duration of	Blasting: Beginning:		Ending:			
Types and Amount of	f Explosives/Detonato	rs on Site:				
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		_		_		
		_		_		
transportation and the requirements of Artic maintained in accorda exempted by Article 3	e use of explosives and the 30 of the Penn Tow ance with NFPA 495 a 30 or where provisions an effect until expiration	lving the manufacture, I blasting agents shall conship Fire Prevention and U.S. DOT 49 CFR sof that Code do not con date or revocation. I	comply with the a ICC Code and sha except as specific over conditions an	pplicable all be ally ad operations.		
		Name		itle		
		Signatur	e D	rate		
******	*******	*******	******	*****		
Official Use Only:						
Permit Approved:	[] Yes [] î	No Permit Expirat	ion Date:			
Fire Code	e Official		n	Date		