



Waltham Fire Department

Blasting Permit – Application & Permit



BLASTING PERMIT APPLICATION INSTRUCTIONS:

- Fill out *all* relevant information on Application
- **Bring:**
 - The completed application,
 - All required documents listed below and
 - Your payment (\$50-cash, check or online payment receipt) to;

Waltham Fire Prevention
175 Lexington Street
Waltham, MA 02452

PAYMENT TYPE ACCEPTED	DOCUMENTS REQUIRED
<ul style="list-style-type: none">- \$50 cash or- Check (made payable to the City of Waltham)- Online payment (copy of printed receipt) <p>Make online payment at; City of Waltham,Fire Department /Prevention website -Permits Fees & Downloads ;</p> <p>https://www.city.waltham.ma.us/fire-department/pages/permits-fees-downloads</p> <p>Above the list of permits you will see- ***ATTENTION***FIRE PREVENTION APPLICATION FEES CAN NOW BE PAID ONLINE (click on the words "PAID ONLINE") Select "Permit - Blasting." Follow instructions to pay. Print receipt and bring to Fire Prevention with application and required documents.</p>	<p>Completed application.</p> <p>A copy of your project narrative</p> <p>A copy of the Certification of Competency- -----527 CMR 13.04.11</p> <p>A copy of the Explosive Users Certificate -- -----527 CMR 13.04.11</p> <p>A copy of the Pre-Blast Survey -----527 CMR 13.09.10</p> <p>A copy of the Blast Analysis -----527 CMR 13.09 (l)(k)</p> <p>A copy of the Blast Design Plan-----527 CMR 13.09</p> <p>A copy of your Blast Bond -----MGL 148 § 20A</p> <p>A copy of Site Plan -----City Requirement</p> <p>Insure your Dig Safe number -----527 -CMR 13.04.11 is on the application</p> <p>WFD Detail Request Form for the dates you are scheduled to blast.</p> <p>Payment</p>

*** Note:** All submissions must be complete. **Any incomplete submittals will not be processed and must be resubmitted.** *



Waltham Fire Department

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BLASTING PERMIT

FP-006 (REV. 1.2018)

Blasting Permit Number: BL

BLASTING PERMIT

FP-006 (REV. 1.2018)

Application Date:

Dig Safe #:

Person/Firm or Corporation Apply for the Blasting Permit:

In accordance with the provisions of **MGL Chapter 148 §10A, 19, 20, 20A, 20B, 20C & 21** an application for blasting is hereby made by:

Company Name:

Contact Name:

Company

Address:

(Number)

(Street)

(Unit/Suite/etc.)

(City)

(State)

(Zip Code)

Phone:

Email:

Location of Blasting Activities:

Seeking a permit and permission to conduct blasting activities at:

Address of
Blasting Activity:

(Number)

(Street)

WALTHAM, MA

Description of the blast area location.

On-site Contact:

On-site Phone:

Name of Competent Operator:

Cert #:

Copy of Blast License Attached:

Applicant Signature: *

*by entering my name in the signature section of this application, and by checking this box I accept & acknowledge that my typed name serves as a signature by authorized agent.

Do Not enter any information below this line --- FD USE ONLY ---

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Fire Department Section:

Conditions of this Blasting Permit:

- All Blasting must meet and comply with 527 CMR 1 and all other Blasting code rules, regulations and requirements.
- Waltham requires double matting of all blasts.
- Blasting shall only take place Monday – Friday, between the hours of 8:00am - 4:00pm. [NO blasting activity on Saturday's, Sunday's or Holidays]
- A Firefighter Detail shall be required for all blasting activity. The detail shall be present and on site for the time explosive materials are delivered and the detail shall remain until all explosives are removed from the site.

Signature of
Official
Granting
Permit:

Title:

Date Issued:

Paid:

This permit will expire on:



This Permit **MUST** be conspicuously posted upon the premises.



Phone: 781-314-3710

Waltham Fire Prevention – 175 Lexington St – Waltham, MA 02452

Email: prevention@city.waltham.ma.us