

Application Number _____

Date Approved _____ By _____

Project Name _____

Nearest Address _____

Blasting Location _____

Purpose of the Proposed Blasting

☐ Water Mains ☐ Sewer Mains ☐ Other _____

Proposed Blasting Schedule

Time _____ Date _____ Number of Days _____

Requirements

\$100.00 non-refundable plan review fee
Copy of Oklahoma Department of Mines Blasting Permit
Copy of Oklahoma Department of Mines Blasting Plan
Copy of Blasting Contractor's State Certification
Copy of Certificate of Blasting Liability Insurance (*see additional information below*)
(1) Site plan (*see additional information below*)

Contractor Name-Contractor must register with the City of Broken Arrow & post escrow

Blasting Contractor _____ Phone # _____

Applicant (*please print clearly*)

Name _____ Phone# _____

Address _____ Cell# _____

City, State, Zip _____ Fax# _____

Email _____

PLEASE CALL _____ WHEN PERMIT IS READY FOR PICK UP Phone _____

Additional Information

Site Plan Specification:

- A project map or aerial photo to scale which depicts the site to be blasted and all real property within seven hundred (700) feet of the blasting area as calculated pursuant to the requirements
- Two seismographic instruments are required. Their proposed location shall be shown on the project map. The seismographs shall have a frequency response from 2 to 250 hertz, within -3 dB at 2 hertz. The accuracy shall be +/-5 or +/-0.02 in./sec., whichever is larger, between 4 and 125 hertz.

Blasting Notification:

- Applicant shall notify the Director 24 hours in advance of blasting operation so that the proper notices will be sent to Public agencies

Insurance Coverage:

- One million dollars (\$1,000,000.00) per occurrence to become available for the payment of all damages to persons or property which may arise from, or be caused by, the conduct of any act of blasting.
- The insurance certificate must be executed by a company licensed to do business in the State of Oklahoma and name the City of Broken Arrow as additional insured.