



**CITY OF LEAWOOD KANSAS BLASTING PERMIT APPLICATION**  
**APPLICATION FOR EXPLOSIVE STORAGE SITE PERMIT**  
**(FOR STORAGE OR USE OF EXPLOSIVE MATERIALS AND/OR BLASTING AGENTS)**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

IS HEREBY REQUESTING A PERMIT FOR THE USE OF EXPLOSIVES AND/OR  
BLASTING AGENTS AT THE FOLLOWING LOCATION:

\_\_\_\_\_

IN THE CITY OF LEAWOOD FOR THE FOLLOWING PURPOSE(S):

\_\_\_\_\_

BLASTING IS TO BE CONDUCTED BETWEEN 8:00 A.M. AND 5:00 P.M.

Specify time(s) blasting will occur: \_\_\_\_\_

This application is for:  Keep  Store  Use  Handle  
 Transport  Manufacture  Other Disposition (Specify)

Type of Explosive to be used: \_\_\_\_\_

Maximum amount of Explosives on site: \_\_\_\_\_

Description of Storage Facility: \_\_\_\_\_

Detonators to be used: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Please include along with your application:

a copy of the BLASTERS PERMIT FROM THE STATE FIRE MARSHAL

a copy of ALL INDIVIDUAL BLASTERS CARDS

an ORIGINAL CERTIFICATE OF INSURANCE (signed by an authorized  
representative of Insurance Company)

Blasting Plan and Scaled Drawing

Name of User: \_\_\_\_\_

Kansas User Permit Number: \_\_\_\_\_

Federal User Permit Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

