

## CITY OF LEAWOOD BLASTING PERMIT

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

Name of Company: Address:	Citv:
State: Zip:	City: Telephone:
IS HEREBY REQUESTING A P	PERMIT FOR THE USE OF EXPLOSIVES AND/OF
~	HE 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:	
BLASTING IS TO BE CONDUC	CTED BETWEEN 8:00 A.M. AND 5:00 P.M.
Specify time(s) blasting will occ	cur:
This application is for:K	eepStoreUseHandle
TransportManuf	actureOther Disposition (Specify)
Special Instructions:	
Please include along with your	application:
	PERMIT FROM THE STATE FIRE MARSHAL
a copy of ALL INDIVIDU	
	CATE OF INSURANCE (signed by an authorized
representative of Insurar	, ,
Name of User:	
Federal User Permit Number:	
Name of Applicant:	
Address:	

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cc: Leawood Chief of Police City Engineer Public Works Administrative Services Manager Construction Inspections Office Leawood Fire Marshal Leawood Fire Department Executive Secretary