

## BLASTING PERMIT – SCHEDULE A

Name of Applicant (Blaster): \_\_\_\_\_  
Address of Applicant: \_\_\_\_\_

Name of Property Owner/ Agent: \_\_\_\_\_  
Address of Property Owner/ Agent: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_  
Residential Address of Property: \_\_\_\_\_

Description of proposed removal of material (amount to be blasted, removed, time frame involved, area where material is to be placed, etc)

Amount to be blasted: \_\_\_\_\_

Time Frame of blasting and removal of material \_\_\_\_\_

Destination of blasted material \_\_\_\_\_

Hours of Blasting \_\_\_\_\_

Dust Control program \_\_\_\_\_

Will blast waste be processed on site? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, how? \_\_\_\_\_

\_\_\_\_\_ Applicant will have qualified and registered blasting contractor to be responsible for notification

\_\_\_\_\_ Applicant will have a fulltime blast monitor onsite

\_\_\_\_\_ Applicant will submit Blasting Plan including blasting grid and size of waste material.

\_\_\_\_\_ Applicant will submit updated post blasting geo-tech report addressing slope stability.

\_\_\_\_\_ Applicant will submit copies of Blasting Contractor's insurance \_\_\_\_\_, certification \_\_\_\_\_, and security \_\_\_\_\_.

\_\_\_\_\_ Applicant will obey District of Peachland Noise Bylaw 1330, 1430, including construction hours outlined in Section 4. (However, blasting only between 9AM and 4PM on working days)

\_\_\_\_\_ Security for blasting damage is up to \$50,000. To be used at District of Peachland discretion for emergency remediation or repairs under sole discretion of Director of Operations

\_\_\_\_\_ Notification of neighbours 1 day prior to start. Area of notification 100 m from blasting site.

\_\_\_\_\_ Provide the District of Peachland with letter of notification and addresses

\_\_\_\_\_ Provide details of which type of communication was successful.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Signature of Applicant (Blaster)

Date \_\_\_\_\_

(To be done under the inspection of, and control of, the Director of Operations)

Permission is given: Yes \_\_\_\_\_ No \_\_\_\_\_

Director of Operations \_\_\_\_\_

Permit Valid until \_\_\_\_\_

Paid: \_\_\_\_\_ Date \_\_\_\_\_

Debit \_\_\_\_\_ Cheque \_\_\_\_\_ Cash \_\_\_\_\_

Conditions: