



Development Services Division  
 620 SE Madison, Unit 6  
 Topeka, Ks, 66607  
 Phone: (785) 368-3704  
 Fax: (785) 368-1650

## BLASTING PERMIT APPLICATION

DATE: \_\_\_\_\_

Development Services – Application #: \_\_\_\_\_ Permit fee: \$ \_\_\_\_\_

The Undersigned hereby requests permission to perform the blasting or detonation of explosive materials herein below described. The Undersigned hereby certifies that he is familiar with all applicable rules, regulations and ordinances of the City of Topeka, Kansas and agrees to perform said blasting or detonation of explosive materials in strict accordance with said rules, regulations and ordinances. The Undersigned further agrees to hold the city of Topeka, Kansas harmless from any and all claims for costs, expenses, damages and / or injuries arising from operation in connection with the permit.

\_\_\_\_\_ Firm Name

date: \_\_\_\_\_ Address \_\_\_\_\_

By \_\_\_\_\_  
 authorized signature

### INFORMATION BY APPLICANT

Location Address: \_\_\_\_\_

Purpose: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

City of Topeka Contract Number: : \_\_\_\_\_  
 or

Insurance: Policy Number: \_\_\_\_\_

Company: \_\_\_\_\_

Agent (local): \_\_\_\_\_

Limits: \_\_\_\_\_

Minimum Bodily Injury \$ \_\_\_\_\_ per person

\$ \_\_\_\_\_ per accident

Minimum Property Damage \$ \_\_\_\_\_ per accident

Other coverage: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### Permit

Permission is hereby granted to the above signed party to perform the blasting or detonation of explosives as requested and agreed above. Said operations shall be confined to the calendar period shown above

City Attorney approves as to form:

City Engineer

By \_\_\_\_\_

By \_\_\_\_\_

Date \_\_\_\_\_

Fee Receipt Number \_\_\_\_\_