



LONDONDERRY FIRE DEPARTMENT

LONDONDERRY PERMIT TO BLAST

Blasting Company Name: _____

Company's Address: _____

Town / City: _____ Phone Number: _____

Permit Type: ☐ 1 Week ☐ # Of Additional Days _____ ☐ Fixed Site or Extended Job

Job Dates: Job Begin _____ Estimated Job Completion _____

Job Address: _____

*A Copy of All Blasters Licenses Must be on File Prior to Blasting Taking Place
(Copies can be emailed to dispatcher@londonderryhfire.gov)*

Blaster's Name: _____

NH Blasters License Number: _____ Expiration Date: _____

Blaster's Name: _____

NH Blasters License Number: _____ Expiration Date: _____

Blaster's Name: _____

NH Blasters License Number: _____ Expiration Date: _____

Copy of Insurance Certificate must be on file with Fire department

Effective Date of Policy: _____ Expiration Date: _____

Town permit Issue Date: _____ Expiration Date: _____

Issued By: _____ Permit #: _____ Permit Fee: \$ _____

NOTICE TO ALL BLASTERS: You must call Londonderry Fire Department one (1) hour before each shot @ (603) 432-1124. Blasters name, time and location of blast will be required.

THIS PERMIT CAN BE REVOKED BY THE LONDONDERRY FIRE DEPARTMENT AT ANY TIME

J:\DISPATCH Master\Blasters License Form

Original: Blaster Copy: File