



CITY OF UNION CITY
"The Progressive City"

5047 UNION STREET
UNION CITY, GEORGIA 30291-1497
PHONE 770/964-2288
FAX 770/306-6861

Permit #: _____

UNION CITY
BLASTING PERMIT:

Date of Issue: _____

Date Expired: _____
(60 Days)

Fee: \$200.00
(Per Job)

Project Name: _____

Emergency Contact: _____
(24 hours) _____

Blasting Company (Name and Address):

Phone Number: _____

Contact Person on site that holds the "Blaster Competency Card"

Name: _____ Level Certification: _____ Date Issued: _____

Company Federal License Number: _____ State License Number: _____

County or City Business License Issued: _____ Date Expired: _____

Before any blasting can start, the following conditions must be met:

1. Notify the Union City Police and Fire Department at least 24 hours prior to the scheduled blasting.

A. Person Notified at Police Department: _____ Date: _____

B. Person Notified at Fire Department: _____ Date: _____

2. Notify adjacent property owners of the date and time of blasting.

Name:

Address:

Page Two:

3. Utilities Companies must be notified and approval obtained:

<u>Company:</u>	<u>Name of Contact:</u>	
Georgia Power, Greystone or Coweta/ Fayette EMC	_____	Date: _____
Atlanta Gas Light	_____	Date: _____
Other	_____	Date: _____

All documentation that is outline in the guidelines must be submitted with your Blasting Application:

I certified that the above information is true and correct.

Signature of Applicant

Date

Permit Issued By

Date