

**Durango Fire Protection District Use Only**

Entered Into Spreadsheet    Y        N  
Date Submitted to FPB: \_\_\_\_\_  
Date Fee Received (if applicable) \_\_\_\_\_  
Amount Received \$ \_\_\_\_\_  
Plans Received By: \_\_\_\_\_

**Plan Review Application –  
Blasting/Explosives Permit**  
*Durango Fire Protection District*  
*Fire Prevention Bureau*  
104 Sheppard Drive • Durango, Colorado 81303  
970/382-6000 • Fax 970/382-6028

Date \_\_\_\_\_

**Procedure**

- Approximate 14 day turn-around from date of submittal.
- The Blasting Permit application will be referred from DFPD to the City of Durango for review

**Submittal Includes (required)**

\_\_ 1 set pdf and 1 set 11" X 14" or larger hard copy    \_\_ Map: 1-to-20 scale with North Arrow and Site Address

**Development / Project Information**

Project Name: \_\_\_\_\_ Parcel # \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupancy Type: \_\_\_\_\_

**Required Documentation**

- \_\_ Explain the need and why alternatives are not available
- \_\_ Hours of Operation
- \_\_ Certification from State of Colorado
- \_\_ Copy of Insurance
- \_\_ Safety Plan
- \_\_ Process/Plan for public notice
- \_\_ Map showing levels of impact and monitoring locations
- \_\_ Spacing, depth and diameter of boreholes
- \_\_ Work area relative to structures and underground and/or overhead utilities
- \_\_ Area to be cleared of vehicles and persons immediately prior to and during blast
- \_\_ Traffic Control Plan
- \_\_ Storage location of explosives to be used before, during and after each blast
- \_\_ Description of maximum quantities of explosives for each day of operation
- \_\_ Type and size of explosive products used
- \_\_ Method of ignition of the explosives
- \_\_ Loud warning signal to be sounded prior to each blast
- \_\_ Manner of locating and detonating any misfires
- \_\_ Manner of clearing site after blast
- \_\_ Manner by which emergency, utility, governmental bodies are to be placed on notice/notified in event of emergency

**Applicant** (Contact Person): \_\_\_\_\_  
Owner / Developer      Owner's Rep      Engineer      Contractor

**Comments Returned To (Person):** \_\_\_\_\_  
Firm Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

**Owner Information** (Business / Property Owner): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email \_\_\_\_\_