



- Include a copy of:**
- Blasting Plan
 - Certificate of Insurance
 - Site Plan

OFFICE OF THE CITY CLERK

300 East Main Street
 Sun Prairie, WI 53590-2227
 (608) 837-2511
 FAX (608) 825-6879
 Website www.cityofsunprairie.com

APPLICATION FOR BLASTING
 This application should be filed 60 days prior to issuance

APPLICANT'S NAME:				
LAST	FIRST	MIDDLE INITIAL	OTHER NAMES USED / MAIDEN NAME	
BIRTHDATE	APPLICANTS DRIVERS LICENSE - STATE AND NUMBER			
NAME OF COMPANY AND ADDRESS				
STREET				
CITY				
STATE / ZIP		BUSINESS PHONE		
HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS		

PLEASE PROVIDE INFORMATION PERTAINING TO THE BLASTING THAT WILL BE PERFORMED		
TYPE/PURPOSE OF BLASTING		
LOCATION OF BLASTING	DATE OF BLASTING	TIME OF BLASTING

HAVE YOU ATTACHED YOUR BLASTING PLAN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	You must attach a plan of your blasting plan
HAVE YOU ATTACHED A COPY OF YOUR CERTIFICATE OF INSURANCE identifying the City as a party insured in the amount of five hundred thousand dollars (\$500,000) for damage to property AND five hundred thousand dollars (\$500,000) five hundred thousand dollars for injury to one person and on million (\$1,000,000) for injury to more than one person caused by the blasting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	You must attach a copy of your insurance certificate.
HAVE YOU ATTACHED YOUR SITE PLAN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	You must attach a site plan.

CONSENT OF PROPERTY OWNER WHERE BLASTING WILL OCCUR NAME: LAST		FIRST	MIDDLE INITIAL
CURRENT RESIDENCE ADDRESS - PERMANENT STREET / CITY / STATE / ZIP			
HOME PHONE NUMBER		CELL PHONE NUMBER	EMAIL ADDRESS
I affirm that I am the property owner/agent of the property where the applicant will perform blasting or gravel crushing. I provide permission and consent to blast or crush gravel at this location.			
			_____ Signature of Property Owner

Submit Application to the City Clerk with a copy of the Blasting Plan and Certificate of Insurance.

City Clerk's Office, 300 East Main Street, Sun Prairie WI
 Phone: 608/837-2511 Email: ehilby@cityofsunprairie.com

Fees:
 \$10/blasting period **or**
 \$10/year for gravel crushing

OFFICE USE ONLY - Application and fees accepted by AL / MS / EH / ____ Date ____ / ____ / 20__

<p>In regards to the issuance of this permit, the ____ Fire Chief ____ Police Chief ____ Finance Office ____ City Engineer ____ has no objection. ____ does have an objection which is detailed, with a recommendation, in the attached report. ____ recommends further review and consideration for action by the city attorney with a report to follow due to the following: _____</p>
<p>AS CITY CLERK OF THE CITY OF SUN PRAIRIE AND IN ACCORDANCE WITH CITY ORDINANCE 5.20 AND STATE STAUTUES THIS APPLICATION IS ISSUED AS APPROVED BY THE CITY ENGINEER FOR THE DATE SPECIFIED WITH CONTINGENCIES NOTED ON THE ATTACHED DOCUMENT AND IN ACCORDANCE TO THE BLASTING PLAN.</p>
<p>_____ Elena Hilby, CPM, WCMC City Clerk, City of Sun Prairie</p>