Division of the State Fire Marshal
118 Parade Street
Providence, RI 02909
Phone: 401-462-4200 Fax: 401-462-4250

Permit # _____

BLASTING PERMIT PROJECT

LOCATION OF BLASTING: (be specific)

Street: _____Town/City:_____

DESCRIBE PROJECT: (include estimated time when project will end) _____

_____

_____

_____

_____

Owner of property where blasting is to occur:

Name: _____ Phone #: _____

Street of Owner: _____ City/Town: _____

Contractor: _____ Phone #: _____

Street: _____ Town/City: _____

Please answer the following questions:

Number of anticipated shots per week: _____

Type of explosive to be used: _____

Will delays be used? _____

Attach example of notification form used to notify neighbors.

BLASTING PERMIT REQUEST (cont)

Instructions: Please fill out form and fax or hand deliver to State Fire Marshal's Office. A representative from the office will notify you when the permit has been approved. Please use the bottom of this page for any additional information such as diagrams, etc. **Fax # 401-462-4250**

Estimated Job Cost: $_____Fee: _____Check #: _____

Date Approved: _____Permit Expires: _____ _____

Rhode Island State Fire Marshal

(Notification)

Copy received by Clerk: _____City/Town: _____Date: _____