



# THE CITY OF WEST KELOWNA

2760 Cameron Rd, West Kelowna, BC V1Z 2T6

Phone: (778)797-8820, Fax: (778)797-1001

Blasting Permit Application No.: \_\_\_\_\_  
(To be completed by the City)

## APPLICATION FOR BLASTING PERMIT

BLASTING SITE ADDRESS: \_\_\_\_\_

BLASTING SITE LEGAL: Lot \_\_\_\_\_ Plan \_\_\_\_\_ Dist. Lot \_\_\_\_\_

DATES AND TIMES OF BLASTING \_\_\_\_\_

PURPOSE OF BLASTING: \_\_\_\_\_

<u>OWNER(S) - NAME &amp; ADDRESS</u>	<u>BLASTING COMPANY - NAME &amp; ADDRESS</u>
_____	_____
_____	_____
_____	_____
<b>CONTACT NUMBERS: (Cell, Phone, Fax, E-mail)</b>	<b>CONTACT NUMBERS: (Cell, Phone, Fax, E-mail)</b>

### Provide confirmation of the following:

This application for a Blasting Permit will not be considered complete unless it is accompanied by all of the following information, and the information is satisfactory to the City.

- Copy of a valid Business Licence issued to the Blaster by the City of West Kelowna
- Copy of the Blasting Certificate issued by WorkSafe BC
- Site plan of area within 300 meters where blasting will occur
- Commercial General Liability insurance covering the blasting site and all operations related to the blasting work, and contact information of the insurance company naming the City as an additional insured
- Name & contact number of the independent company which will carry out a vibration and air over pressure monitoring \_\_\_\_\_
- A communication plan for the area located within 300 meters from edge of the blast, by which owners and occupiers within this area will be advised of the following:
  - description and purpose of the blasting to be done;
  - dates on which blasting will occur;
  - times when blasting will occur;
  - methods intended to safeguard persons and property, including plan of vibration and air over pressure monitoring;
  - signals and other warning methods to be used to inform those nearby of an impending blast;
  - name, telephone number, cellular telephone number and email address of the blaster;
  - name, address, and telephone number of the blaster's insurer.
- Information of any proposed road closures, detours, etc.

### OFFICE USE ONLY:

ZONING: \_\_\_\_\_ DEV. PERMIT# \_\_\_\_\_ BUILDING PERMIT#: \_\_\_\_\_ SUBDIVISION FILE # \_\_\_\_\_

ENGINEERING DPT APPROVAL: \_\_\_\_\_ BUILDING & REGULATORY SERVICES APPROVAL: \_\_\_\_\_

APPLICATION FEE: \$ 185.00 PAID: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT ISSUED BY \_\_\_\_\_ DATE: \_\_\_\_\_

**PERMIT CONDITIONS:**

The holder of the Blasting Permit will be required to spray water from a water truck to reduce dust in the air.  
Blasting under the Blasting Permit is not permitted until such time as the permit holder completes notification under the approved communications plan.  
The Blasting Permit will expire six months from the date of issuance.

**OTHER CONDITIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acknowledgements of Permit Applicant**

I acknowledge that I am solely responsible for determining whether the blasting work authorized by the Blasting permit would contravene any private covenant, easement, right of way, building scheme or other private restriction affecting the blasting site.

I acknowledge that the City of West Kelowna provides a limited service in relation to blasting and does not, by issuing any Blasting Permit, make any representation or give any assurance that the blasting authorized by the Blasting Permit complies with any applicable laws, including laws respecting safety.

I understand that I am encouraged to seek independent legal advice in respect of the responsibilities I am assuming upon the granting of a Blasting Permit by the City pursuant to this application and in respect of the execution of these acknowledgements.

\_\_\_\_\_  
Name of Owner  
[please print]

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

**Agent Authorization Form**

As owner (s) of the land described in this application, I/we authorize \_\_\_\_\_ to act as my/our Agent in regard to this blasting permit application. I/we further declare that my/our Agent is hereby authorized to make necessary changes to this application and associated documents and plans. I also acknowledge that despite this authorization of an agent, I am solely responsible for carrying out the work authorized by the Blasting Permit in strict compliance with the terms of the Blasting Permit.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: For properties with more than one registered owner, please attach a separate Letter of Authorization.

*The personal information on this form is collected under the authority of the Local Government Act/Community Charter for the purposes of processing this application, and is subject to the Freedom of Information and Protection of Privacy Act. Any questions regarding this collection should be directed to the Corporate Services Department, City of West Kelowna, phone (778)797-8897.*