



CITY OF WEST KELOWNA

Development Services — Building Department
3731 Old Okanagan Highway West Kelowna, BC, V4T 0G7
Phone: 778-797-8820 Email: building@westkelownacity.ca

Blasting Permit Application

Building Permit Application No. (Issued by Office):

1 - PROPERTY INFORMATION

Building Site Address:

Blasting Site Legal: Lot _____ **Plan** _____ **Dist. Lot** _____

Dates And Times of Blasting:

Purpose of Blasting:

2 – PROPERTY OWNERS INFORMATION

Name:

Address: _____

Phone:

Email:

3 – BLASTING COMPANY INFORMATION

Name:

Address: _____

Phone:

Email:

4 – REQUIRED DOCUMENTATION

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

- **Business Licence** issued to the Blaster by the City of West Kelowna
- **Blasting Certificate** issued by WorkSafe BC
- **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 & phone number of the independent company which will carry out blast monitoring** as recommended by the Best Practices Guide¹:

Name: _____ Phone: _____

- **Site plan** of area within 300 meters where blasting will occur, including:
 - Separation distances to properties adjacent to the blasting parcel;
 - Separation distances to nearest buildings within 300 meters of blasting location;
 - 300 meter buffer around blasting location.
 - See sample site plan attached in Schedule A.
- **Communications Plan** for the area located within 300 meters from edge of the blast, including:
 - Site plan as outlined above;
 - Location, description and purpose of the blasting to be done;
 - Dates and times on which blasting will occur;
 - Methods intended to safeguard persons and property, including plan of vibration and air over pressure monitoring;
 - Warning methods to be used to inform those nearby of an upcoming blast, including neighbourhood signs placed the day of blasting;
 - Name, telephone number, cell number and email address of the blaster;
 - Name, telephone number, cell number and email address of the pre-blast survey inspector;
 - Name, address, and telephone number of the blaster's insurer.

7 -PERMIT CONDITIONS:

- Blasting under the Blasting Permit is not permitted until such time as the permit holder completes community notification and pre-blast surveys in accordance with the Best Practices Guide¹. Submit communications plan to the City prior to initial community distribution.
- The holder of the Blasting Permit will be required to control dust.
- The holder of the Blasting Permit will be required to submit blast monitoring records to the City of West Kelowna **WEEKLY** on Fridays. Blast monitoring to be in accordance with the Best Practices Guide¹.
- Supplemental Conditions: _____

The Blasting Permit will expire six months from the date of issuance.

8 - 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

9 - 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 of Owner
[please print]

Signature of Owner

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.

OFFICE USE ONLY:

APPLICATION DATE: _____ FILE NUMBER: _____

APPLICATION FEE: \$ 250.00 PAID: _____ PAYMENT DATE: _____

PERMIT ISSUED BY: _____ PERMIT DATE: _____